


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L57704 1. Entity Name LNB GROVES, INC.	
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Principal Place of Business 25250 SW 194TH AVE HOMESTEAD, FL 33031	Mailing Address 25250 SW 194TH AVE HOMESTEAD, FL 33031
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07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0277325	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PROBINSKY, BRENT L., ESQ.
31 N KROME AVE
HOMESTEAD, FL 33030

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ELLENBY, KIKI S. 25250 SW 194TH AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELLENBY, MARC J. 25250 SW 194TH AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ELLENBY, JAY D. 2845 AVENTURA BLVD. SUITE 114 AVENTURA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ELLENBY, HERMAN, R 3101 TOULON DR NORTHBROOK IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/08/05-80010-016 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.5.05 (205)248-7595

Date

Daytime Phone #