

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L95000000610**

1. Entity Name  
JLM GROVES, L.C.



Principal Place of Business  
6775 SILVER STAR ROAD  
ORLANDO, FL 32818

Mailing Address  
% BALESTRA CAPITAL, LTD  
1185 AVENUE OF THE AMERICAS N, 32ND FL  
NEW YORK, NY 10036

**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3346154

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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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

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MELCHER, JAMES  
1185 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BENASICH, APRIL  
451 WEST END AVE., APT. 90  
NEW YORK, NY 10024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000773273  
09/05/07-80005-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*James L. Melchor* 7/9/07 (202) 768-9000