2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9700000345

Entity Name: FMP GROVES, L.C.

Address:

City-St-Zip:

BARTOW, FL 33830

FILED Feb 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5700 US HIGHWAY 17 SOUTH BARTOW, FL 33847 **Current Mailing Address: New Mailing Address:** P.O. BOX 146 HOMELAND, FL 33831 FEI Number: 59-3445567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLETCHER, CASEY A 1470 US HIGHWAY 17 SOUTH BARTOW, FL 33830 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HOLLAND, A E JR. Name: Name: Address: 595 SOUTH JACKSON AVE. Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MCLAULIN, DOUGLAS P JR. Name: Address: 1470 US HIGHWAY 17 SOUTH Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KING, A H III Name: Name: 1470 US HIGHWAY 17 SOUTH

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: A E HOLLAND, JR. 02/14/2009