

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 15 AM 10:07

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000000824

SHARON GROVES, L.C.
PO BOX 265
WAUCHULA FL 33873

1a. Principal Place of Business Address
~~205 SR 62~~
BOWLING GREEN FL 33834
1459 LISA Dr
Wauchula FL 33873

2. Principal Place of Business
1459 LISA Dr
Suite, Apt. #, etc.

2a. Mailing Address
1459 LISA Dr
Suite, Apt. #, etc.

City & State
Wauchula FL

City & State
Wauchula FL

Zip Country
33873 USA

Zip Country
33873 USA

3. Date Organized or Qualified 07/28/1997

3a. State of Formation FL

4. FEI Number 65-0789560 Applied For Not Applicable

5. Date of Last Report

6. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
MOYE, RONALD F
205 SR 62
BOWLING GREEN FL 33834

8. Name and Address of New Registered Agent/Office
Name MOYE, RONALD F
Street Address (P.O. Box Number is Not Acceptable) 1459 LISA Dr
Suite, Apt. #, etc.
City Wauchula FL Zip Code 33873

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 05/19/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MOYE, RONALD F	20 NW LISA DR 1459 LISA Dr	WAUCHULA FL 33873
MGRM	MOYE, SHARON D	20 NW LISA DR 1459 LISA Dr	WAUCHULA FL 33873 MAA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Sharon D Moye 5-1-98
SIGNATURE AND FULLY PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #