


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000824

1. Entity Name
SHARON GROVES, L.C.



Principal Place of Business 3379 PARNELL ROAD ZOLFO SPRINGS, FL 33890	Mailing Address P.O. BOX 70 WAUCHULA, FL 33873
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0789560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOYE, RONALD F
 3379 PARNELL ROAD
 ZOLFO SPRINGS, FL 33890**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOYE, RONALD F 3379 PARNELL ROAD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOYE, SHARON D 3379 PARNELL ROAD ZOLFO SPRINGS, FL 33890
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 01/20/04-800158-019 50.00

11. 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 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: *Sharon Moye* **Sharon Moye** 1/16/04- **8037539638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #