


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002030 1. Entity Name GROVEWAY DEVELOPMENT, L.C.	
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Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109	Mailing Address 2055 TRADE CENTER WAY NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0870154	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 B & C CORPORATE SERVICES OF CENTRAL FL INC 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801
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**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

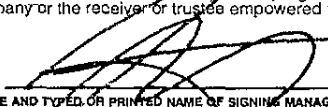
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, G. STUART 25099 PINEWATER COVE LANE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COTTER, JEFFREY J 90 MINNEHAHA CIRCLE MAITLAND, FL 32751
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04/01/05-80039-013 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 exemption stated in Section 119.07(3)(i), 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:  **JEFFREY J. COTTER** **3/29/05** **239-597-7727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #