

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000003089**

1. Entity Name  
**E.J. GROVES, L.L.C.**



Principal Place of Business  
**568 POPASH ROAD  
WAUCHULA, FL 33873**

Mailing Address  
**568 POPASH ROAD  
WAUCHULA, FL 33873**



04282006 No Chg-LLC

CR2E0B3 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0883105**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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

**JONES, EMERSON R SR.  
568 POPASH ROAD  
WAUCHULA, FL 33873**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JONES, EMERSON R SR.  
568 POPASH ROAD  
WAUCHULA, FL 33873**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JONES, MARY LYNNE  
568 POPASH ROAD  
WAUCHULA, FL 33873**

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

000000565637  
05/22/06-80008-014 50.00

000000561619  
05/19/06-00024-013 55.00

**DO NOT WRITE  
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 #