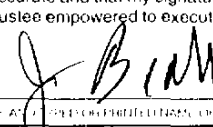


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILED APR 16 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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 ALJO GROVES, L.C. 23351 NORTH RIVER ROAD ALVA FL 33920		DOCUMENT # L98000003153 1a. Principal Place of Business Address 23351 NORTH RIVER ROAD ALVA FL 33920			
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/11/1998 3a. State of Formation FL 4. FEI Number ☒ 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 FEE, FRANK H ESQ. 401-A SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34950			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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. Thereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when new agent is appointed)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	BEALE, JOSEPH E JR.	1671 S. THUMB POINT DRIVE	FORT PIERCE FL		
					

11 I do 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 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: 

SIGNATURE AND ADDRESS OF REGISTERED AGENT OR AUTHORIZED MANAGING MEMBER OF COMPANY

 (Type Name)

INUSE10 R (12-98)