2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 17, 2005 8:00 am Secretary of State 03-17-2005 90135 041 ****50.00 DOCUMENT # L98000003153 ALJÓ GROVES, L.C. Principal Place of Business Mailing Address 20021860 23351 NORTH RIVER ROAD 23351 NORTH RIVER ROAD ALVA, FL 33920 ALVA, FL 33920 CR2E083 (10/03) 02222005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0966200 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FEE, FRANK H ESQ. DO NOT WRITE 401-A SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950 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 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM BEALE, JOSEPHEUR. 4511 5 W & TO LN NAME STREET ADDRESS FORTPIERCE, FL-32960 VIVO BCA, FL3296 CITY-ST-ZIP ШE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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

CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-7IP

FILED