

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90138 049 ***138.75

DOCUMENT # L98000003153

1. Entity Name
ALJO GROVES, L.C.



Principal Place of Business
23351 NORTH RIVER ROAD
ALVA, FL 33920

Mailing Address
23351 NORTH RIVER ROAD
ALVA, FL 33920

00010525



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0966200	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H ESQ.
401-A SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950

**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 contesting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEALE, JOSEPH E JR. 4641 SOUTHWEST 8TH LANE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	23291 N. River Rd. Alva, FL 33920
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	

**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 #