2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 14, 2005 08:00 AM **Secretary of State**

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1. Entity Name

SPRING GROVE MANAGEMENT, L.L.C.



Principal Place of Business

Mailing Address

235 SE 5TH AVENUE DELRAY BEACH, FL 33483

235 SE 5TH AVENUE DELRAY BEACH, FL 33483



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01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0884311 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, PHILIP H 235 SE 5TH AVENUE DELRAY BEACH, FL

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signalure required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005		01/14/05-80008-001 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDLAND, PHILIP H 235 SE 5TH AVENÜE DELRAY BEACH, FL		
TITLE NAME STREET ADDRESS	MGRM FRIEDLAND, CONNIE D 235 SE 5TH AVENUE		

CITY-ST-ZIP DELRAY BEACH, FL NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRIN

1-10-2005

561-243-1080

Date

Daylime Phone #