

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001706

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: LAKE PLACID GROVES, L.L.C.

**Current Principal Place of Business:**

600 HIGHWAY 70 WEST  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

600 HIGHWAY 70 WEST  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 65-0901171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSBURN, ROBERT O  
600 HIGHWAY 70 WEST  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OAKLEY, THOMAS E  
Address: 101 ABC ROAD  
City-St-Zip: LAKE WALES, FL 33859

Title: MGR ( ) Delete  
Name: WALKER, WADE H JR.  
Address: P.O. BOX 1381  
City-St-Zip: WINTER HAVEN, FL 338821381

Title: MGR ( ) Delete  
Name: OSBURN, ROBERT O  
Address: 235 SOUTH BEAR POINTE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT O. OSBURN

MGR

03/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date