

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90058 029 ****55.00

DOCUMENT # L99000003084 1. Entity Name J & H GROVE HOLDINGS, L.C.					
Principal Place of Business 400 EAGLE LAKE LOOP ROAD WINTER HAVEN, FL 33880			Mailing Address 400 EAGLE LAKE LOOP ROAD WINTER HAVEN, FL 33880		
2. Principal Place of Business PO Box 459 <small>Suite, Apt. #, etc.</small>		3. Mailing Address PO Box 725 <small>Suite, Apt. #, etc.</small> Attn: Kathy McDaniel			
City & State LaBelle, Fl		City & State Windermere, Fl		4. FEI Number 59-3581898	
Zip 33975		Country Hendry		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
34786-0725		Country Orange		04152004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GOODWIN, JAMES W 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 James W. Goodwin 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERRY, JACK M JR. 400 N. TAMPA STREET, SUITE 2300 TAMPA, FL 33602 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHERT, HOLLY BERRY 400 N. TAMPA STREET, SUITE 2300 TAMPA, FL 33602 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEMPER, WE 3655 SR 80 WEST ALVA, FL 33920 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Devers, Daniel J 2520 Sand Mine Road Davenport, Fl 33897 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:				Jack M. Berry, Jr., Member/Manager 4/16/04 (407)909-0540	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	