

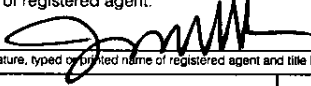
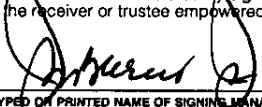


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2004 90058 027 \*\*\*\*55.00

<b>DOCUMENT # L99000003129</b> 1. Entity Name <b>J &amp; H GROVES, LC</b>					
Principal Place of Business <b>400 EAGLE LAKE LOOP ROAD WINTER HAVEN, FL 33880</b>				Mailing Address <b>400 EAGLE LAKE LOOP ROAD WINTER HAVEN, FL 33880</b>	
2. Principal Place of Business <b>PO Box 459</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>PO Box 725</b> <small>Suite, Apt. #, etc.</small> <b>Attn: Kathy McDaniel</b>			
City & State <b>LaBelle, FL</b>		City & State <b>Windermere, FL</b>		4. FEI Number <b>59-3595539</b>	
Zip <b>33975</b>	Country <b>Hendry</b>	Zip <b>34786-0725</b>	Country <b>Orange</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOODWIN, JAMES W 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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  <b>James W. Goodwin</b> <span style="float: right;"><b>7/23/04</b> DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 725 Windermere, FL 34786-0725
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	<input 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.					
<b>SIGNATURE:</b> 				<b>Jack M. Berry, Jr, Member/Manager 4/16/04 (407)909-0540</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	