

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90320 046 \*\*\*\*55.00

<b>DOCUMENT # L99000003129</b>					
<b>1. Entity Name</b> <b>J &amp; H GROVES, LC</b>					
<b>Principal Place of Business</b> PO BOX 459 LABELLE, FL 33975			<b>Mailing Address</b> O BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO Box 725			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Kathy McDaniel			
City & State		City & State Windermere, FL			
Zip	Country	Zip 34786-0725	Country USA		
<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</b> Name Floyd, Thomas C Street Address (P.O. Box Number is Not Acceptable) 2520 Sand Mine Road City Davenport FL Zip Code 33897		
<b>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.</b> SIGNATURE <b>Thomas C. Floyd</b> <span style="float: right;">5/17/05</span> <small>Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><small>DATE</small></span>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERRY, JACK M JR. PO BOX 725 WINDERMERE, FL 347860725	<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 DEVERS, DANIEL J 2520 SAND MINE RD. DAVENPORT, FL 33897	<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
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
<b>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>					
<b>SIGNATURE:</b>		<b>Jack M. Berry, Jr. MGRM</b>		<b>5/18/05 (407)909-0540</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	