


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005868 1. Entity Name PVC GROVES, L.L.C.	
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Principal Place of Business 3500 SHINN ROAD FORT PIERCE, FL 34945	Mailing Address P.O. BOX 14049 FORT PIERCE, FL 34979
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0976716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PANTUSO, GEORGE T 3415 S. INDIAN RIVER DR. FORT PIERCE, FL 34982	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PANTUSO, GEORGE T 3415 S. INDIAN RIVER DR. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM VARN, MYRON M JR 3433 GORDY RD. FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM CASSENS, STEVEN D 1898 SHINN RD. FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/19/04-80058-002 50.00

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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)(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: *George T Pantuso* Date: 2-4-04 Daytime Phone #: 772 461 8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE