


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000005868
1. Entity Name
PVC GROVES, L.L.C.



Principal Place of Business: 3500 SHINN ROAD, FORT PIERCE, FL 34945
Mailing Address: P.O. BOX 14049, FORT PIERCE, FL 34979

DO NOT WRITE IN THIS SPACE



01282005No Chg-LLC CR2E083 (10/03)

4. FEI Number: 65-0976716 Applied For: Not Applicable
5. Certificate of Status Desired: \$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000279259
03/28/05-80060-003 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
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| 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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Pantuso Date: 3/24/05 Daytime Phone #: 772-461-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE