


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC CR2E083 (11/05)

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

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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, 2006

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* 3-26-06 772 461 8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #