


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 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



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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 04/12/06-80076-005 50.00

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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]* Date: 3-26-06 Daytime Phone #: 772 461 8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE