


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

| | |
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| 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



04222007 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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

| 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 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

U00000734842
05/10/07-80010-010 50.00

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:  _____

4/23/07 772 461 8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #