

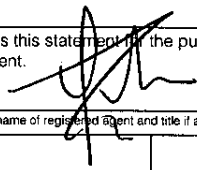
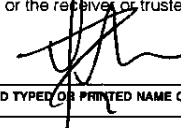


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90124 022 ****50.00

DOCUMENT # L99000007745 1. Entity Name GRUVECO DEVELOPMENT COMPANY, LLC.					
Principal Place of Business 12200 W. COLONIAL DRIVE STE 300 K WINTER GARDEN, FL 34787			Mailing Address 12200 W. COLONIAL DRIVE STE 300 K WINTER GARDEN, FL 34787		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02132004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 59-3623718	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ATENCIO, WILLIAM 8822 CYPRESS RESERVE CR ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name Ricardo Quintero Street Address (P.O. Box Number is Not Acceptable) 12200 W. COLONIAL DRIVE STE. 300K City WINTER GARDEN FL Zip Code 34787		
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  Ricardo Quintero DATE 02/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINTERO-CLAPPERTON, DANIEL 7345 SAND LAKES ROAD, SUITE 209 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PIERRE, GEORGE III 7345 SAND LAKES ROAD, SUITE 209 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAPPERTON, MACUIN 12200 W COLONIAL DR STE 300K WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATENCIO, WILLIAM 12200 W COLONIAL DR SUITE 300 K WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTERO, RICARDO 12200 W. COLONIAL DR SUITE 300 K WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTERO, RICARDO 12200 W. COLONIAL DRIVE, ST. 300K WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			02/16/04 (407) 905 5200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		