2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007745

GRUVECO DEVELOPMENT COMPANY, LLC.



Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90065 037 ****55.00

FILED

Principal Place of Business

Mailing Address

7345 SAND LAKES ROAD. SUITE 209

7345 SAND LAKES ROAD. SUITE 209 ORLANDO FL 32819

rlando fl 3281	.9	UNLANDO FE 32013		Commence of the second
2. Principal Place of Business 12200 W. COLONIAL DE 12200 W. COLONIAL DE.				
Suite, Apt. #,		Suite, Apt. #, etc.	×	CHECK HERE IF MAKING OF INTELLED
City & State	R GARDEN PL	City & State. 61	troen, f	4. FEI Number 59-3623718 Not Applicable
<u>W [10:10</u> プレコ!	Q1 Country Q1 OCANGE	34787	CRANGE	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
	THE PARTY OF THE P		Name A-	TENCIO, WILLIAM
QUINTERO-CLAPPERTON , DANIEL			Street Add	ress (P.O. Box Number is Not Acceptable) PESERVE CR.
8625 DOVER OAKS COURT ORLANDO FL 32836			802	= ETF12623
UKLAI	NUU FL 32830	•		Zio Code
	[]		City	LANDO FL ZIP SOR 836
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE Signature typed of printed name of agreement and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ONTE: Registered Agent signature required when reinstating)				
FILE NOW!!! FEE IS \$50.00				
Make Check Payable to Florida Department of State				
		Due I	By May 1, 2003	
9.	MANAGING MEMBI	ERS/MANAGERS	10.	ADDITIONS/CHANGES Change Addition
TITLE	MGRM	☐ Delete		MOKIN - IS
NAME	QUINTERO-CLAPPERTON, DAN	NEL	NAME	WILLAM AVENCIO DR. SUITE 30K 3
STREET ADDRESS	7345 SAND LAKES ROAD, SUIT	E 209	STREET ADDRESS 1 1	WINTER FARDEN, PL 34787
CITY-ST-ZIP	ORLANDO FL 32819		1	Change Addition
TITLE	D	☐ Delete	TITLE NAME	DULLTER, RICARDO DE DUTAZONA
NAME	QUINTERO, RICARDO		STREET ADDRESS	QUINTERO, RICARDO DE SUITE 3004
STREET ADDRESS	7345 SAND LAKES ROAD, SUI	IE 209	CITY-ST-ZIP	WINGER GARDEN, PL 34181
CITY-ST-ZIP	ORLANDO FL 32819	Delete		L ZE Change Laddition
_IITLE >-	OT DIEDDE CEORGE III		NAME	12200 W. COLDNIAL DR. STE. 30015
NAME STREET ADDRESS	ST. PIERRE, GEORGE III 7345 SAND LAKES ROAD, SUI	TF 209		VINTER GARDEN, FL 34787
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	No.
TITLE	OND WIDO I L OLO II	☐ Delete	TITLE	
NAME			NAME	MACUPIN CHAPTERION DE STE 300K
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	WHITTON GORDEN PL 34787
CITY-ST-ZIP			U111-51-21F	Change Addition
TITLE		☐ Delete	TITLE	O TERO DANIEL OR TERNIL
NAME			NAME STREET ADDRESS	127 00 W. COLO NIAL DE STEAD
STREET ADDRESS			CITY-ST-ZIP	MACUPU CLAPPEICIONE STE 3001/ 12200 W. COLONIAL DR. STE 3001/ WINTER GARREN FL 34787 DANIEL DR STE 3001/ 12200 W. COLONIAL DR STE 3001/ 12200 W. COLONIAL DR STE 3001/ WINTER GARDEN EL 34787
CITY-ST-ZIP			TITLE	Change Addition
TITLE		☐ Delete	NAME	
NAME OTDEET ADDRESS			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
	certify that the information supplied w	rith this filing does not qualify for	the exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 119.07(3)(i), Florida Statutes. I further 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 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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				