## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L9900008071  1. Entity Name MINTON GROVES, LLC				Jan 28, 2005 08:00 AM Secretary of State					M
•		Mailing Address	<u>.</u>		1				
2000 NORTH KINGS HIGHWAY FT. PIERCE FL		PO BOX 670 FT. PIERCE FL 34954			}				
2. Principal P	lace of Business	3. Mailing Address	-	<del></del>					
Suite, Apt, #, etc.		Suite, Apt #, etc.		<u> </u>		1st MOORE	CR2E083	(10/04)	
City & State		City & State			4. FEI Nun	59-6228538	3		plied For
Zìp	Country	Zip	Coun	itry	5. Certifica	te of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current R	egistered Agent		Name	7. Name a	nd Address of New F	legistered A	gent	**
MINTON, MICHAEL D 1903 S. 25TH ST., SUITE 200 FT. PIERCE FL 34947				Street Address (P.O. Box Number is Not Acceptable)					
rı.	Pierce FL 34947			City			FL	Zip Code	<u> </u>
	named entity submits this statement for licens of registered agent.	the purpose of changing its	register	 ed office or register	red agent, or l	ooth, in the State of Flo		amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (1VOTE	Registere	d Agent signatura reduite	d when reinstating)		DATE	<u></u>	·
•		Make Check Payabl	e to Fl	FEE IS \$50.00 orida Departme ay 1, 2005	nt of State				
9.	MANAGING MEMBER	S/MANAGERS	10.		<u> </u>	ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY: \$1: 20	MGR TRIPLE M INVESTMENT COMPANY PO BOX 670 FT. PIERCE FL 34954	☐ Delete		Į.		U0000020; 01/28/05-80	2573 109-013	□ Change	Addille
TITLE NAME STREET AODRESS		☐ Delete	ITTEL NAM STRE	E NE SET ADDRESS				☐ Change	Addition
CHY-SI-2NP  TITLE  NAME  STREET ADDRESS		☐ Delete	IIII NAM	į.			,	☐ Change	Adida
CITY-ST-NP  THEE  NAME  STREET ADDRESS	,	☐ Defete	tifti NAM			<u> </u>		Change	Addition
TITLE NAME SIRFFT ADDRESS		☐ Delete	NAM SIRE	TET ADDRESS				☐ Change	Addiss
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	THU NAM STRE	}			<u> </u>	Change	
indicated	certify that the information supplied with to on this report is true and accurate and the ability company or the receiver or trustee.	nat my signature shall have:	the same	e legal effect as if r	nade under o	ath, that I am a mana	I further cert ging membe	ify that the in or manage	nformation or of the

John L. Minton, President
Triple M Investment Co., MGR
SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED**