


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000026174**

1. Entity Name  
**S. GROUSE, LLC**



Principal Place of Business      Mailing Address

**1700 SE 15TH STREET #111**      **1700 SE 15TH STREET #111**  
**FORT LAUDERDALE, FL 33316**      **FORT LAUDERDALE, FL 33316**

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0239999</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUNTING, RICHARD**  
**1700 SE 15TH STREET #111**  
**FORT LAUDERDALE, FL 33316**

**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: *Richard Bunting*      *Feb. 15, 2006*  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agents signature required when reappointing)      DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BUNTING, RICHARD</b> <b>1700 SE 15TH STREET #111</b> <b>FORT LAUDERDALE, FL 33316</b>
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 02/28/06-80067-011 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: *Richard Bunting*      *954 525-8640*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #