## NIFORM BUSINESS REPORT (UBR)

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DOCUM 1. Entity Name GROVELANI	20000	0003811	v=	FILED	Ą
Principal Place of Business Mailing Address  550 BILTMORE WAY, SUITE 1120 550 BILTMORE WAY, SUITE  CORAL GABLES FL 33134 CORAL GABLES FL 33134		1120	O1 JUN 13 AM 10 04  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place	e of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	,	
City & State City & State		City & State .		4. FEI Number APPLIED FOR Not Applied For Not Applicable	]
Zip	Country  6. Name and Address of Current R	Zíp	Country	S. Certificate of Status Desired	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Addre	O Seph J. Weisenfeld ess (P.O. Box Number is Not Acceptable)  Biltmore Way, Suite 1120	
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.  SIGNATURE  Signature seed or principle of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$50.00					7===
•		11 /	able to Departmen	<b>1</b> •	
NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE  nanager  friel Bromberg  550 Biltmore War  oral Gables, FL  decretary  osedn D Weisen	□ Delete  1, Sust ~ (120  33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES  Change Addition  Change Addition	CR2E083 (11/00)
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indicated on	my that the information supplied with this report is true and accurate and t	riis iiiing uoes not quality for t nat my signature shall have th	ne exemption stated it ie same legal effect as	n Section 119.07(3)(i), Florida Statutes. I further certify that the information is if made under oath; that I am a managing member or manager of the	١.

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.