2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000008132 1. Entity Name **GROVE DEVELOPMENT LLC** Principal Place of Business Mailing Address 701 BRICKELL AVE. 701 BRICKELL AVE. SUITE 3150 **SUITE 3150** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

COLOMBO: UGO-

701 BRIGKELL AVE. **SUITE 3150 MIAMI FL 33131**

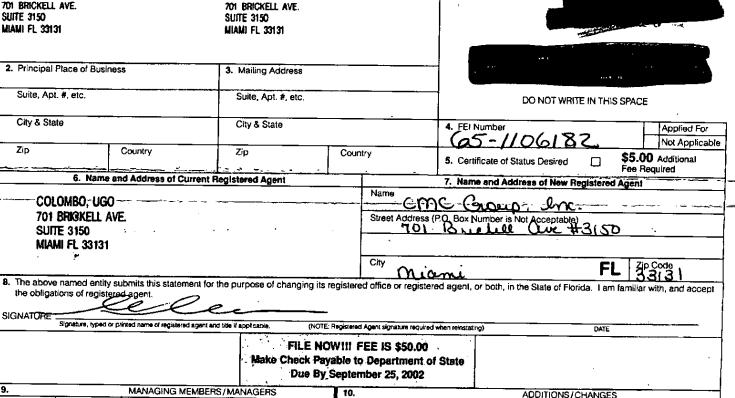
the obligations of registered agent.

SIGNATURE

SIGNATURE:

FILED Sep 25, 2002 8:00 am Secretary of State

09-03-2002 90168 002 ****50.00 01-31-2002 90080 042 ****50.00



8-23-02

Date

<u> 305-372-055</u>8

		Make Check Pa	OW!!! FEE IS \$50.00 ryable to Department of State September 25, 2002			
9.	MANAGING MEMBERS/MA		10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member, Pee Ugo Colombo 707 Brickell Are #313 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Arthur J-Huramy- 701 Brickell Are #3 MIAMI, FL 33131	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	Becretory Esther F. Ridenhou Hot Brickell-Are #31 MIAMI, FL 33131	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~ E - Change	- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Dakde	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
11. I hereby certify that the information supplied with this filling 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.						

at or corning in

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

City