

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # L01000008132

1. Entity Name
GROVE DEVELOPMENT LLC

Principal Place of Business

701 BRICKELL AVE.
 SUITE 3150
 MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.
 SUITE 3150
 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

4. FEI Number

05-1106182

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~COLOMBO, UGO~~
~~701 BRICKELL AVE.~~
~~SUITE 3150~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

EMC Group, Inc.

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave #3150

City

Miami

FL

Zip Code
33131

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 [Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Managing Member, Pres	Ugo Colombo	701 Brickell Ave #3150	MIAMI, FL 33131	<input type="checkbox"/>
Vice-President	Arthur J. Murphy	701 Brickell Ave #3150	MIAMI, FL 33131	<input type="checkbox"/>
Secretary	Esther F. Ridenhour	701 Brickell Ave #3150	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: [Signature]

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

8-23-02

Date

305-372-0550

Daytime Phone #

CR2E083 (4/02)