

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114386

FILED
Jun 05, 2006
Secretary of State

Entity Name: MIM GROVE, LLC

Current Principal Place of Business:

10556 NW 26TH STREET D-101
DORAL, FL 33172

New Principal Place of Business:

10544 NW 26TH STREET
E 202
DORAL, FL 33172

Current Mailing Address:

10556 NW 26TH STREET D-101
DORAL, FL 33172

New Mailing Address:

10544 NW 26TH STREET
E 202
DORAL, FL 33172

FEI Number: 20-3864433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET C-201
DORAL, FL 33172 US

Name and Address of New Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET
C 201
DORAL, FL 33172 US

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: JOSEPH F. CABANAS

06/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURGOS, MARIA V
Address: 10556 NW 26TH STREET D-101
City-St-Zip: DORAL, FL 33172

Title: MGR () Delete
Name: PROFETA, ROCCO
Address: 10556 NW 26TH STREET D-101
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURGOS, MARIA V
Address: 10544 NW 26TH STREET - E 202
City-St-Zip: DORAL, FL 33172

Title: MGR (X) Change () Addition
Name: SCATTOLINI, MAURO
Address: 10544 NW 26TH STREET E 202
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURO SCATTOLINI

MGR

06/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date