

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 27, 2007  
Secretary of State**

DOCUMENT# L05000114386

Entity Name: MIM GROVE, LLC

**Current Principal Place of Business:**

10544 NW 26TH STREET  
E 202  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10544 NW 26TH STREET  
E 202  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 20-3864433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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      04/27/2007

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