

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-01-2008 90065 026 ***138.75

DOCUMENT # L07000124358 1. Entity Name GROVE GATEWAY, LLC					
Principal Place of Business 3707 MORRISON STREET, NW WASHINGTON, DC 20015			Mailing Address 3707 MORRISON STREET, NW WASHINGTON, DC 20015		
2. Principal Place of Business - No P.O. Box #		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 C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHREIBERG, SHELDON L 3707 MORRISON STREET, NW WASHINGTON, DC 20015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHREIBERG, SUSAN 3707 MORRISON STREET, NW WASHINGTON, DC 20015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHREIBERG, SETH 3707 MORRISON STREET, NW WASHINGTON, DC 20015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHREIBERG, SETH 3707 MORRISON STREET, NW WASHINGTON, DC 20015	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHREIBERG, SETH 3707 MORRISON STREET, NW WASHINGTON, DC 20015	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Sheldan L. Schreiber MGRM 4/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-2480976** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code

202 220 1421