

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001822
1. Entity Name
 GROVE HOUSE, LTD.

FILED

Principal Place of Business 1110 BRICKELL AVE., PENTHOUSE ONE MIAMI FL 33131
Mailing Address 1110 BRICKELL AVE., PENTHOUSE ONE MIAMI FL 33131

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SILVER, SCOTT A
 1110 BRICKELL AVE., PENTHOUSE ONE
 MIAMI FL 33131

4. FEI Number 65-1018857
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$7,500.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000059151	STREET ADDRESS	
NAME	GROVE HOUSE, INC.	CITY-ST-ZIP	
STREET ADDRESS	1110 BRICKELL AVE., PENTHOUSE ONE		
CITY-ST-ZIP	MIAMI FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			200003654432--6
CITY-ST-ZIP			-02/06/01--01085--008
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Scott A Silver* **DATE:** 1/18/01 **DAYTIME PHONE #:** 305-377-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)