2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

CRY-ST-ZIP

SIGNATURE:

Jul 23, 2004 08:00 AM **DOCUMENT # A01000000555** Secretary of State 1. Entity Name GROVE PLAZA INVESTMENTS, LLLP Principal Place of Business Mading Address 799 BRICKELL PLAZA 9TH FLOOR 799 BRICKELL PLAZA 9TH FLOOR MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E003 (10/03) 07132004 Chg-LP Applied For City & State 4. FEI Number City & State 65-1098408 Not Applicable Ζiρ Country Zìo Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent HICKS, ANDERSON & KNEALE P.A. Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA 9TH FLOOR MIAMI, FL 33132 Zip Code City 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 Speciare typed or printed name of registered epent and title if applicable 16. Amount of Capital Contributions 9. Capital Contributions \$900,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. L01000006087 DOCUMENT A STREET ADDRESS NAME BRILAND HOLDINGS, LLC STREET ADDRESS 799 BRICKELL PLAZA 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33132 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP U00000168073 07/23/04-80008-017 926.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C3TY - S3 - 73P CITY-ST-ZIP DOCUMENT A STREET ADDRESS navæ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRTY+ST-ZIP CITY-ST-78 BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

OF SIGHING GENERAL PARTNER

FILED