



FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000555				Secretary of State	
1. Entity Name GROVE PLAZA INVESTMENTS, LLLP					
Principal Place of Business 799 BRICKELL PLAZA 9TH FLOOR MIAMI, FL 33132		Mailing Address 799 BRICKELL PLAZA 9TH FLOOR MIAMI, FL 33132			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-1098408	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HICKS, ANDERSON & KNEALE P.A. 799 BRICKELL PLAZA 9TH FLOOR MIAMI, FL 33132		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$900,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	L01000006087				
NAME	BRILAND HOLDINGS, LLC	STREET ADDRESS			
STREET ADDRESS	799 BRICKELL PLAZA 9TH FLOOR	CITY - ST - ZIP			
CITY - ST - ZIP	MIAMI, FL 33132				
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS		02/08/05-80054-002 535.00			
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS		02/02/05-80029-001 535.00			
CITY - ST - ZIP					
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STREET ADDRESS		02/02/05-80029-001 535.00			
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)(f), 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: <i>Mark Hicks</i> <i>Manager</i> 1/7/05 305.374.8171					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					