

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001300  
AV

DOCUMENT # **A01000000555**

1. Entity Name  
**GROVE PLAZA INVESTMENTS, LLLP**



FILED  
03 JUL 19 AM 9:50

Principal Place of Business  
**799 BRICKELL PLAZA 9TH FLOOR  
MIAMI FL 33132**

Mailing Address  
**799 BRICKELL PLAZA 9TH FLOOR  
MIAMI FL 33132**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1098408**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$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 *Mark Hicks*  
Signature, typed or printed name of registered agent and title if applicable.

7/08/03  
DATE

9. Capital Contributions  
as Shown on record.

**\$900,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **L01000006087**  
NAME **BRILAND HOLDINGS, LLC**  
STREET ADDRESS **799 BRICKELL PLAZA 9TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33132**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400021645034**

**07/18/03--01060--021 \*\*926.25**

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: *Mark Hicks* **REQUIRED MARK 141415**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/08/03 (305)669.1279  
Date Daytime Phone #

CR2E003 (10/02)