

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

**DOCUMENT # A94000000831**

1. Entity Name  
 GROVE HOTEL GROUP, LTD.



Principal Place of Business  
 2800 S.W. 28TH TERRACE  
 MIAMI, FL 33133

Mailing Address  
 2800 S.W. 28TH TERRACE  
 MIAMI, FL 33133



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

65-0502465

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

STARKMAN, MARK R  
 1500 SAN REMO, #125  
 CORAL GABLES, FL 33146

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.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 # 218831  
 NAME HOSPITALITY OPERATIONS, INC.  
 STREET ADDRESS 1508 SAN IGNACIO AVE., #150  
 CITY-ST-ZIP CORAL GABLES, FL 33146

STREET ADDRESS 2650 SW 27 Ave., Suite 300  
 CITY-ST-ZIP Miami, FL 33133

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS 800127238158  
 CITY-ST-ZIP 04/30/08--01010--001 \*\*500.00

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STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/08

Date

305-446-0852

Daytime Phone #

STAPLE CHECK HERE