

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003147

FILED
Apr 20, 2009
Secretary of State

Entity Name: GROVES PROPERTIES, LLC

Current Principal Place of Business:

550 BILTMORE WAY
SUITE 740
CORAL GABLES, FL 33134

Current Mailing Address:

550 BILTMORE WAY
SUITE 740
CORAL GABLES, FL 33134

New Principal Place of Business:

550 BILTMORE WAY
SUITE PH II
CORAL GABLES, FL 33134

New Mailing Address:

550 BILTMORE WAY
SUITE PH II
CORAL GABLES, FL 33134

FEI Number: 65-1081042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G ESQ
218 ALMERIA
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROGER, OSCAR
Address: 550 BILTMORE WAY, STE 740
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: CASTRO, MAYREN R
Address: 550 BILTMORE WAY, STE 740
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROGER, OSCAR
Address: 550 BILTMORE WAY, STE PH II
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: CASTRO, MAYREN R
Address: 550 BILTMORE WAY, STE PH II
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAYREN R. CASTRO

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date