

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

0015121

05-02-2003 90579 034 ****50.00

DOCUMENT # L01000003147

1. Entity Name

GROVES PROPERTIES, LLC



Principal Place of Business

550 BILTMORE WAY
SUITE 1210
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY
SUITE 1210
CORAL GABLES FL 33134

2. Principal Place of Business

550 Biltmore Way

Suite, Apt. #, etc.

740

3. Mailing Address

550 Biltmore Way

Suite, Apt. #, etc.

740

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1081042

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Thomas G. Sherman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

218 Almeria

City

Coral Gables

FL

Zip Code

33134

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

4/29/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: P Delete
NAME: ROGER, OSCAR
STREET ADDRESS: 550 BILTMORE WAY STE 1210
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: VPS Delete
NAME: CASTRO, MAYREN R
STREET ADDRESS: 550 BILTMORE WAY STE 1210
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME:
STREET ADDRESS: suite 740
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS: Suite 740
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. 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 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*

Mayren R. Castro

4/28/03

305/448-4091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)