

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90233 004 ****50.00

DOCUMENT # L01000019409

1. Entity Name

GROVE APARTMENTS L.L.C.



Principal Place of Business

2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES FL 33134

Mailing Address

2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0038283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADRON, CARLOS E ESQ.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES FL 33134

Name

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

2 Alhambra Plaza

Suite 860

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PLASENCIA, GUSTAVO
STREET ADDRESS 2100 SALZEDO STREET
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGR ☐ Delete
NAME PADRON, CARLOS
STREET ADDRESS 2100 SALZEDO ST #300
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 2 Alhambra Plaza #860
STREET ADDRESS Coral Gables, FL 33134
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 2 Alhambra Plaza #860
STREET ADDRESS Coral Gables, FL 33134
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:

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

CARLOS E. PADRON

Date

Daytime Phone #

1/28/04 (305) 461-4888