

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

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90029 029 ****55.00

DOCUMENT # L01000021679

1. Entity Name

GROVE SQUARE HOLDINGS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 FLORIDA AVE.

3. Mailing Address

2801 FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 15

Suite 15

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number

01-0551146 E

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional Fee Required

Zip
33133

Country
USA

Zip
33133

Country
USA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RONALD G BAKER

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

2655 LEJEUNE ROAD

Suite 201

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FARID CHEHAB
STREET ADDRESS	2801 FLORIDA AVENUE, SUITE 15
CITY-ST-ZIP	MIAMI, FL. 33133

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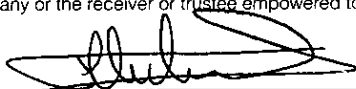
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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:



FARID CHEHAB

2/11/02

305-648-2233

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

Date

Daytime Phone #