


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021679

1. Entity Name
GROVE SQUARE HOLDINGS, LLC



Principal Place of Business 2801 FLORIDA AVENUE, SUITE 15 COCONUT GROVE, FL 33133	Mailing Address 2801 FLORIDA AVENUE, SUITE 15 COCONUT GROVE, FL 33133
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01062004 No Chg-LLC GR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0551146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, RONALD G
2655 LEJEUNE RD
STE 201
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHEHAB, FARID 2801 FLORIDA AVENUE, SUITE 15 COCONUT GROVE, FL 33133
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01/13/04-80046-011 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **L9-2004** **305 648 2933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #