

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-05-2003 90027 027 ****50.00

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

DOCUMENT # L02000027709

1. Entity Name

GROVE STREET, LLC



Principal Place of Business

11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO FL 32832

Mailing Address

11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO FL 32832

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

42-1555087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DOUGLAS R
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO FL 32832

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR M - *Douglas R. Russell* ☐ Delete
DOUGLAS R. RUSSELL
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR M
ROBERT L. SECREST, III ☐ Delete
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR M
JAMES DOWD ☐ Delete
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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 REQUIRED

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

Date

Daytime Phone #

1/30/03

407-243-9861

CR2E083 (10/02)