


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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90058 043 ****50.00

DOCUMENT # L03000007360	
1. Entity Name Mountain Grove, LLC.	

DO NOT WRITE IN THIS SPACE

24056754

2. Principal Place of Business 1076 Grand Isle Drive Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State Naples, FL	City & State	4. FEI Number 71-0939941	Applied For <input type="checkbox"/> Not Applicable
Zip 34108	Country	Zip	Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Nace Cohen	
Street Address (P.O. Box Number is Not Acceptable) 287 Burnt Pine Drive	
City Naples	FL Zip Code 34119

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. **DATE** _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager EMBE Management Co., LLC. 1076 Grand Isle Drive Naples, FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (1/2002)

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.

By: EMBE Management Co., LLC.
By: B&I of Florida Management Corp., its Manager

SIGNATURE: By: *Justin B. Adams* President 4/24/04

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