

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90075 041 \*\*\*\*50.00

DOCUMENT # L03000024218

1. Entity Name  
GROVE STATION PROJECT, L.L.C.



Principal Place of Business  
C/O ARAN CORREA & GUARCH, PA  
710 SOUTH DIXIE HWY  
CORAL GABLES, FL 33146

Mailing Address  
C/O ARAN CORREA & GUARCH, PA  
710 SOUTH DIXIE HWY  
CORAL GABLES, FL 33146

24060960



2. Principal Place of Business  
2600 SW 3rd Ave.

3. Mailing Address  
2600 SW 3rd Ave.

Suite, Apt. #, etc.  
Suite # 700

Suite, Apt. #, etc.  
Suite # 700

City & State  
Miami, FL

City & State  
Miami, FL

03162004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0068715

Applied For  
Not Applicable

Zip  
33129

Country  
EUU

Zip  
33129

Country  
EUU

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ARAN, FERNANDO S  
710 SOUTH DIXIE HWY  
CORAL GABLES, FL 33146

## 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

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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
B DEVELOPMENTS, LLC  
2600 SOUTHWEST THIRD AVE, STE 730  
MIAMI, FL 33129 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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## 10. ADDITIONS/CHANGES

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

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

MIGUEL ANGEL BARBAGNIO

4/19/04

Date

308-859-9787

Daytime Phone #