

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031508

FILED
Apr 18, 2007
Secretary of State

Entity Name: GROVE HAMMOCKS INVESTMENTS, LLC

Current Principal Place of Business:

21531SW 129 COURT
MIAMI, FL 33177

New Principal Place of Business:

35380 SW 218 AVE
HOMESTEAD, FL 33030

Current Mailing Address:

21531 SW 129 COURT
MIAMI, FL 33177

New Mailing Address:

P.O. BOX 343574
FLORIDA CITY, FL 33034

FEI Number: 90-0120783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYSOUND DEVELOPMENT, CORP.
21531 SW 129 COURT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

BAYSOUND DEVELOPMENT, CORP.
35380 SW 218 AVE
HOMESTEAD, FL 33030 US

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:

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GLOBAL INVESTORS LIM, ITED, INC.
Address: P.O BOX 560040
City-St-Zip: MIAMI, FL 33256

Title: MGRM () Delete
Name: BAYSOUND DEVELOPMENT, CORP
Address: 21531 SW 129 COURT
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BAYSOUND DEVELOPMENT, CORP
Address: 35380 SW 218 AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IGNACIO ABASCAL

MM

04/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date