2006 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT

DOCUMENT # L03000039842

1. Entity Name
GROVE DEVELOPERS, LLC

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR 609 MIAMI, FL 33131	2665 S BAYSHORE DR 609 MIAMI, FL 33131
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

06122006   Chg-LLC   CR2E083 (11/05)

4. FEI Number 75-3133587	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAHRI, FADI 265 S BAYSHORE DR MIAMI, FL 33133	Name: Fadi Bahri Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Dr., Suite 609 City: Miami FL Zip Code: 33133

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 _____

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME BOSCHETTI, LUIS T R STREET ADDRESS 2901 SW 8TH ST., STE. 204 CITY-ST-ZIP MIAMI, FL 33135	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGR NAME BAHRI, FADI STREET ADDRESS 2665 S. BAYSHORE DR., STE. 609 CITY-ST-ZIP MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 40007643494 06/21/06--01040--026 **50.00	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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   Date   Daytime Phone #