2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Jan 12, 2005 8:00 am **Secretary of State** DOCUMENT # L03000044404 01-12-2005 90029 026 ****55.00 THE RESIDENCES @ GROVE STATION, LLC Principal Place of Business Mailing Address 2560 S.W. 27 AVE 2560 S.W. 27 AVE 20001510 ATTN: BERT LEON ATTN: BERT LEON MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0424960 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name GONZALEZ, ALFREDO L ESQ Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DR, STE 1600 MIAMI, FL 33133 City 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Defete **M** Change ☐ Addition Jegis beet Leon ste 310 NAME LEON, SEGISBERTO 2560 SW 27 AVE STREET ADDRESS STREET ADDRESS MIANII - FL. 33133 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 MGRM ☐ Delete TITLE ■ Addition Negtor recar 2950 SW 27 Are. Ste. 310 VEGA, NESTOR MARIE NAME 2560 SW 27 AVE STREET ADDRESS STREET ADDRESS MIAMI-PL 33133 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP MGRM___ ANTONIO GARCIA BLV. STE 1050 TITLE - Addition -TITLE . Delete GARCIA, ANTONIO NAME NAME STREET ADDRESS STREET ADDRESS 2588 SW 27 AVE MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITI F 121 Porcedetem BLV2. 512 10VD GARCIA, EILEEN NAME NAME 2588 SW 27 AVE STREET ADDRESS STREET ADDRESS DRAL GABLES, FL.33134 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7IP MGRM ☐ Delete TIT1 F TITLE ■ Addition REVUELTA, LUIS NAME NAME 2560 SW 27 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ED NAME OF SIGNING MANAGI

FILED