

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044404

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE RESIDENCES @ GROVE STATION, LLC

Current Principal Place of Business:

2950 SW 27 AVE. SUITE 310
C/O: BERT LEON
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2950 SW 27 AVE. SUITE 310
C/O: BERT LEON
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 20-0424960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ALFREDO L ESQ
2525 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEON, SEGISBERTO
Address: 2950 SW 27 AVE. SUITE 310
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM () Delete
Name: VEGA, NESTOR
Address: 2950 SW 27 AVE. SUITE 310
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM () Delete
Name: GARCIA, ANTONIO
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: GARCIA, EILEEN
Address: 2121 PONCE DE LEON BLVD. STE 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: REVUELTA, LUIS
Address: 2950 SW 27 AVE. SUITE 310
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEON, SEGISBERTO J
Address: 2950 SW 27 AVE. SUITE 310
City-St-Zip: MIAMI, FL 33133 US

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

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

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

Title: MGRM (X) Change () Addition
Name: REVUELTA, LUIS O
Address: 2950 SW 27 AVE. SUITE 310
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify 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: NESTOR VEGA

MGRM

04/29/2009

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