

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000895

Entity Name: GROVE AERO VENTURES, LLC

FILED  
Mar 11, 2008  
Secretary of State

## Current Principal Place of Business:

66 W. FLAGLER ST  
SUITE 410  
MIAMI, FL 33130

## New Principal Place of Business:

8254 CLIPPER CT  
CATAWBA, NC 26609

## Current Mailing Address:

66 W. FLAGLER ST  
SUITE 410  
MIAMI, FL 33130

## New Mailing Address:

8254 CLIPPER CT  
CATAWBA, NC 26609 US

FEI Number: 20-3477126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARRILLA, MARIA ELENA  
66 W. FLAGLER ST  
SUITE 410  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

FREEMAN, GARY  
14871 SW 155 TERR  
MIAMI, FL 33187 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: GARY FREEMAN

03/11/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WINGATE, JERROLD K  
Address: 66 W. FLAGLER ST - SUITE 410  
City-St-Zip: MIAMI, FL 33130

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PERKINS, ROBERT L  
Address: 8254 CLIPPER CT  
City-St-Zip: CATAWBA, NC 26609 US

Title: M ( ) Change (X) Addition  
Name: CASTONGUAY, ED  
Address: 8205 CLIPPER CT  
City-St-Zip: CATAWBA, NC 28609 US

Title: M ( ) Change (X) Addition  
Name: FREEMAN, GARY  
Address: 14871 SW 155 TERR  
City-St-Zip: MIAMI, FL 33187

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: GARY FREEMAN

M

03/11/2008

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