

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90180 032 \*\*\*\*50.00

**DOCUMENT # L04000010032**

1. Entity Name  
GROVE PLAZA C, L.L.C.



Principal Place of Business  
2061 BOCA RATON BLVD.  
BOCA RATON, FL 33432

Mailing Address  
2061 BOCA RATON BLVD.  
BOCA RATON, FL 33432

20010569



2. Principal Place of Business

3. Mailing Address

2295 NW Corporate Blvd. 2295 NW Corporate Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 245

Ste 245

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

01212005 Chg-LLC CR2E083 (10/03)

Zip Country  
33431 USA

Zip Country  
33431 USA

4. FEI Number

20-0689572

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

GOLDSTEIN, DALE  
2061 BOCA RATON BLVD.  
BOCA RATON, FL 33432

Name

Goldstein, Dale

Street Address (P.O. Box Number is Not Acceptable)

2295 NW Corporate Blvd.

Ste 245

City  
Boca Raton

FL

Zip Code

33431

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]*

(NOTE: Registered Agent signature required when reinstating)

2/9/05

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BOCA GROVE PLAZA, L.L.C.  
STREET ADDRESS 2061 BOCA RATON BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Delete

TITLE MGR  
NAME Goldstein, Dale ☒ Change ☐ Addition  
STREET ADDRESS 2295 NW Corporate Blvd., Ste 245  
CITY-ST-ZIP Boca Raton, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE MGR  
NAME Lupo, Jack ☐ Change ☒ Addition  
STREET ADDRESS 2295 NW Corporate Blvd., Ste 245  
CITY-ST-ZIP Boca Raton, FL 33431

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 ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/9/05 561-998-7100

Date

Daytime Phone #