2006 LIMITED LIABILITY COMPANY

FILED Jan 09, 2006 8:00 am Secretary of State 01-09-2006 90052 044 ****50.00

ANNUAL REPORT DOCUMENT # L04000010034

GROVE PLAZA D, L.L.C.								
Principal Place of Business 2295 NW CORPORATE BLVD STE 245 BOCA RATON, FL 33431		Mailing Address 2295 NW CORPORATE BLVD STE 245 BOCA RATON, FL 33431						
2. Principal Place of Business 11999 Suite, Apt. #, etc.		3. Mailing Address LI97 Short Screen Suite, Apt. #, etc.		sC:	01042006	Chg-LLC C	R2E083 (11/05)	
City & State		City & State		,	4. FEI Numb	•		plied For
Zip	Country	Zip X	Country	12	20-068		1 \$5.00 Add	ot Applicable
232	187	33487			5. Certificat	e of Status Desired	Fee Require	
	6. Name and Address of Current R	legistered Agent			7. Name an	d Address of New Regist	ered Agent	
GOLDSTEIN, DALE								
2295 NW (STE 245	CORPORATE BLVD	Street Address ((P.O. Box Number is Not Acceptable)			
	TON, FL 33431			, , , , , , , , , , , , , , , , , , ,				
			CSILX _		0 -		FL Zy Cod	e
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								
Filing Fee is \$50.00 Due by May 1, 2006							eck payable to partment of State	e
9.	MANAGING MEMBER	S/MANAGERS	10.	,		ADDITIONS/CHAI	VGES	
TITLE NAME	MGR GOLDSTEIN, DALE	☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	2295 NW CORPORATE BLVD		STREET ADDRESS	119	7 S. 8	20gers C:	C1-2	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	3	CA 82	STONIFL	23487	
DILE	MGR	☐ Detete	TITLE			•	☑ Change	Addition
NAME STREET ADDRESS	LUPO, JACK 2295 NW CORPORATE BLVD, S1	TE 245	NAME STREET ADDRESS	1119	n 3.	Dogers C	incla	
CITY-ST-ZIP	BOCA RATON, FL 33431	12 240	CITY-ST-ZIP	اهم	··	20gers C	22487	,
TITLE		☐ Delete	TITLE	1 - 1		20102712	☐ Change	Addition
NAME			NAME					_
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	<u> </u>	□ Detete	TITLE	ļ			☐ Change	Addition
NAME		- Dade	NAME				orange	
STREET ADDRESS			STREET ADDRESS					i
CITY-ST-ZIP			CITY-ST-ZIP	ļ				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	шп				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY+ST+ZIP			CITY-ST-ZIP					
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE