2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 24, 2006 8:00 am Secretary of State DOCUMENT #L04000022954 03-24-2006 90218 031 ****50.00 1. Entity Name GROVE PROFESSIONAL BUILDING, LLC Principal Place of Business Mailing Address 2950 SW 27TH AVENUE, SUITE 300 2950 SW 27TH AVENUE, SUITE 300 **GROVE PROFESSIONAL BLDG. GROVE PROFESSIONAL BLDG.** MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 74-3122116 Not Applicable Zip Country Country \$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 BALOYRA, JOSE L 2665 SOUTH BAYSHORE DRIVE, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) **GRAND BAY PLAZA** MIAMI, FL 33133 300 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. Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to: Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Detete TITLE ☐ Change ☐ Addition DELGADO, JR, ROLANDO NAME NAME STREET ADDRESS 2950 SW 27TH AVE. SUITE 300 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change -- ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRI

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