


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90036 025 \*\*\*\*\*55.00

<b>DOCUMENT # L04000044826</b>	
1. Entity Name <b>GROVE GROUP, LLC</b>	

P.O. BOX 145388 CORAL GABLES, FL 33114	P.O. BOX 145388 CORAL GABLES, FL 33114
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20019740

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102005 Chg-LLC CR2E083 (10/03)	
4. FEI Number # 20-1596023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARRIOLA VELEZ, MARIA C 35 ALMERIA AVE. CORAL GABLES, FL		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CASTRO, HUGO A</b> 2770 SW 27 AVE. MIAMI, FL 33113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FAMADAS, NELSON</b> 4722 SW 74 AVE. MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GOLDEN, MICHAEL E</b> 3475 SHERIDAN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARINELLO, LEONARD F</b> 5000 E 10 COURT HIALEAH, FL 33013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PARTRIDGE, JAMES F</b> 1000 BRICKELL AVE. #920 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VALLE, ALBERTO</b> P.O. BOX 145388 CORAL GABLES, FL 33114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

(SEE ATTACHED PAGE)

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 606, Florida Statutes.

<b>SIGNATURE:</b>	<i>Alberto Valle</i> (Alberto Valle)	3/7/05	305 372 0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

**ATTACHMENT**  
*20019724*  
**GROVE GROUP, LLC**

**ATTACHMENT TO 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT  
DOCUMENT #L04000044826**

Please add the following Managing Member to the attached 2005 annual report.

**Title: MGRM**  
**Name: STEPHEN L. PERRONE**  
**Street address: 1000 BRICKELL AVENUE, #920**  
**City -ST- Zip MIAMI, FL 33131**