2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L04000052944

Entity Name: GROVE SPA, LLC

Current Principal Place of Business:

570 KIRKLAND WAY
KIRKLAND, WA 98033

New Principal Place of Business:

FOUR GROVE ISLE DRIVE
MIAMI, FL 33133

Current Mailing Address:

570 KIRKLAND WAY
KIRKLAND, WA 98033

New Mailing Address:

225 108TH AVENUE NE
SUITE 300
BELLEVUE, WA 98004

FEI Number: 77-0646483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NOBLE HOUSE ASSOCIAT, ES, LLC
Address: 570 KIRKLAND WAY
City-St-Zip: KIRKLAND, WA 98033

Title: MGRM ( ) Delete
Name: GROVE ISLE ASSOCIATE, S, LTD.
Address: 1870 SOUTH BAYSHORE DRIVE
City-St-Zip: COCONUT GROAVE, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NOBLE HOUSE ASSOCIAT, ES, LLC
Address: 225 108TH AVENUE NE, SUITE 300
City-St-Zip: BELLEVUE, WA 98004

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTINE EVENS ASST 07/06/2005

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