


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000079986						FILED 2005 JUL 11 AM 11:03 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
1. Entity Name JACKSON STREET GROVE ASSOCIATES, LLC							
Principal Place of Business 3125 JACKSON AVENUE MIAMI, FL 33133				Mailing Address 3125 JACKSON AVENUE MIAMI, FL 33133			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 03222005 Chg-LLC CR2E083 (10/03)				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PANTIN, MARIA T 3125 JACKSON AVENUE MIAMI, FL 33133				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 <u>Maria T Pantin</u> (NOTE: Registered Agent signature required when remaining) DATE _____ <small>Signature typed or printed name of registered agent and use if applicable.</small>							
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	MGRM			TITLE			
NAME	FULTON, STANLEY M			NAME			
STREET ADDRESS	9034 CONGRESSIONAL PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	POTOMAC, MD 208544510			CITY-ST-ZIP			
TITLE	MGR			TITLE			
NAME	PANTIN, MARIA T			NAME			
STREET ADDRESS	3125 JACKSON AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
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CITY-ST-ZIP				CITY-ST-ZIP			
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: <u>Stanley M. Fulton</u> 4-23-5 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date Daytime Phone #			