

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90093 048 \*\*\*\*50.00

DOCUMENT # L05000014474			
1. Entity Name GARDNER'S GROVE PROPERTIES, LLC			
Principal Place of Business <del>12374 S.W. 82ND AVENUE</del> <del>MIAMI, FL 33156</del>		Mailing Address <del>12374 S.W. 82ND AVENUE</del> <del>MIAMI, FL 33156</del>	
2. Principal Place of Business 3117 Bird Avenue Suite, Apt. #, etc.		3. Mailing Address 18001 Old Cutler Road Suite 362 m	
City & State Coconut Grove, FL		City & State Palmetto Bay, FL	
Zip 33133		Zip 33157	
Country U.S.		Country U.S.	
4. FEI Number 20-2133634		Applied For <input 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 PLOUCHA, L.M. 100 S.E. THIRD AVENUE, SUITE 1400 C/O ATKINSON, DINER, STONE, MANKUTA FT. LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		CK # 1065	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, ELIZABETH G <del>12374 S.W. 82ND AVENUE</del> MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3272 Matilda Street Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, MAURICE D <del>12374 S.W. 82ND AVENUE</del> MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3272 Matilda Street Coconut Grove, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Man O. Allen</i>		Date: 7/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 305 474 7064	