

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90100 006 \*\*\*138.75

08-13-2008 90028 005 \*\*\*400.00

**DOCUMENT # L05000033891**

1. Entity Name  
**COURTNEY GROVE LLC**



Principal Place of Business  
**2199 PONCE DE LEON  
SUITE 301  
CORAL GABLES, FL 33134**

Mailing Address  
**2199 PONCE DE LEON  
SUITE 301  
CORAL GABLES, FL 33134**

**50009421**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07222008

Chg-LLC

CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IMMER, JOHN G ESQ.  
1401 BRICKELL AVE. SUITE 825  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**Henry T. Courtney**

Street Address (P.O. Box Number is Not Acceptable)  
**2199 Ponce de Leon Boulevard  
Suite 301**

City  
**Coral Gables**

**FL**

Zip Code  
**33134**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/31/08**

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
COURTNEY, HENRY  
2199 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Henry Courtney**

**7/31/08**

Date

**(305) 558-1057**

Daytime Phone #

ATTACHMENT

500 09421

RAFFERTY, STOLZENBERG, GELLES, TENENHOLTZ & FLYNN, P.A.

ATTORNEYS AT LAW

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FT. LAUDERDALE

OF COUNSEL  
THOMAS L. ABRAMS  
OLGA GONZALEZ  
THOMAS J. HESS  
MARTIN ZILBER

August 11, 2008

Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Re: Courtney Grove LLC - Reference No. L05000033891

Dear Madam or Sir:


Pursuant to your letter, a copy of which is attached, enclosed please find the original of a new and fully executed 2008 Limited Liability Company Report for Courtney Grove LLC. Please note that the Registered Agent has been changed.

Also enclosed is a check in the amount of \$400.00, which, together with the original check in the amount of \$138.75, should cover the total filing fee for the report of \$538.75.

Thank you for your attention with this matter. Should you need anything further, please contact the undersigned.

Sincerely,

RAFFERTY, STOLZENBERG, GELLES,  
TENENHOLTZ & FLYNN, P.A.

  
Toni Clark  
Certified Legal Assistant

Enclosures

cc: William L. Rafferty, Jr., Esq. (w/o encl.)



ATTACHMENT

50009421

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2008

COURTNEY GROVE LLC  
2199 PONCE DE LEON  
SUITE 301  
CORAL GABLES, FL 33134

Subject: COURTNEY GROVE LLC

Reference Number: L05000033891

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sh

ANNUAL REPORTS SECTION