


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90043 008 ****50.00

DOCUMENT # L05000068965


1. Entity Name
GROVE PLAZA GROUP, LLC



| | |
|--|--|
| Principal Place of Business 6915 RED ROAD SUITE 205 MIAMI, FL 33143 | Mailing Address 6915 RED ROAD SUITE 205 MIAMI, FL 33143 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--|--|
| City & State CORAL GABLES FL | City & State CORAL GABLES FL |
| Zip 33143 | Country |
| Zip 33143 | Country |



04262006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

ALECO HARALAMBIDES PA
3135 SW 3RD AVE
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name **DANNY TAHA**

Street Address (P.O. Box Number is Not Acceptable)
6915 RED ROAD STE 205

City **CORAL GABLES FL** Zip Code **33143**

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  DATE **4/26/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TAHA, DANNY S 6915 RED ROAD, SUITE 205 MIAMI, FL 33143 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  DATE **4/26/06** DAYTIME PHONE # **305 665 6400**

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