

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90190 044 ***138.75

DOCUMENT # L05000068965

1. Entity Name
GROVE PLAZA GROUP, LLC



Principal Place of Business 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131
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60042253



2. Principal Place of Business - No P.O. Box # 370 Minorca Ave	3. Mailing Address 370 Minorca Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134	Zip 33134
Country USA	Country USA

4. FEI Number 34-2052159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WOOD, RICHARD A ESQ.
 1395 BRICKELL AVENUE
 14TH FLOOR
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Ximena BERRIOS**

Street Address (P.O. Box Number is Not Acceptable)
370 Minorca Ave

City **Coral Gables** State **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 **Ximena Berrios** DATE **4-24-08**

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLY, WILLIAM H 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 370 minorca Ave Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **[Signature]** DATE: **4-24-08** DAYTIME PHONE #: **305 777 0300**

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