

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099920

FILED
Apr 21, 2009
Secretary of State

Entity Name: GROVE HOMES LLC

Current Principal Place of Business:

299 ALHAMBRA CIRCLE SUITE 405
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

299 ALHAMBRA CIRCLE SUITE 405
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3538107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ, SILVIO
299 ALHAMBRA CIRCLE SUITE 405
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VAZQUEZ, SILVIO MGR
299 ALHAMBRA CIRCLE SUITE 405
CORAL GABLES, FL 33134 US

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.

SIGNATURE: SILVIO VAZQUEZ

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: VAZQUEZ, SILVIO
Address: 299 ALHAMBRA CIRCLE SUITE 405
City-St-Zip: CORAL GABLES, FL 33134

Title: M () Delete
Name: STERN, CARLOS H
Address: 1672 PRESIDENTIAL WAY
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAZQUEZ, SILVIO MGR
Address: 299 ALHAMBRA CIRCLE SUITE 405
City-St-Zip: CORAL GABLES, FL 33134

Title: MGM (X) Change () Addition
Name: STERN, CARLOS H MGM
Address: 1672 PRESIDENTIAL WAY
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SILVIO VAZQUEZ

MGR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date