

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # L06000060358

1. Entity Name
GROVES MEDICAL PLAZA, LLC



Principal Place of Business

**ONE CLEARLAKE CENTRE, 250 AUSTRALIAN AVE S
SUITE 1100
WEST PALM BEACH, FL 33401**

Mailing Address

**ONE CLEARLAKE CENTRE, 250 AUSTRALIAN AVE S
SUITE 1100
WEST PALM BEACH, FL 33401**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5071036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHROEDER AND LARCHE, P.A.
120 EAST PALMETTO PARK ROAD
SUITE 150
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FGW INVESTMENTS, LLC
STREET ADDRESS	ONE CLEARLAKE CENTRE, 250 AUSTRALIAN AVE S
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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U00000815457
02/14/08-80010-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Sam F. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #