


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-19-2008 90190 045 ***138.75

DOCUMENT # L06000081276

1. Entity Name
GROVE PLAZA PARTNERS, LLC



Principal Place of Business
1395 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131

Mailing Address
1395 BRICKELL AVENUE, STE. 900
MIAMI, FL 33131

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

3. Mailing Address
370 Minorca Ave

Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State
Coral Gables FL

Zip
33134

Country
USA

04252008 Chg-LLC CR2E083 (12/06)



4. FEI Number
20-5396237

Applied For
 Not Applicable

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, STE. 900
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
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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	HOLLY, WILLIAM H	1395 BRICKELL AVENUE, STE 900	MIAMI, FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		370 Minorca Ave	Coral Gables FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Ximena Berrios **DATE:** 4-24-08 **DAYTIME PHONE #:** 305 777 0300

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