


**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