


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90033 024 ****50.00

DOCUMENT # L07000000022 1. Entity Name GROVE CREEK, LLC																																																																																		
Principal Place of Business 8211 WEST BROWARD BLVD, PH-2 PLANTATION, FL 33324			Mailing Address 8211 WEST BROWARD BLVD, PH-2 PLANTATION, FL 33324																																																																															
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																															
City & State Zip Country			City & State Zip Country																																																																															
4. FEI Number 03082007 Chg-LLC CR2E083 (12/06)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, STE 2950 MIAMI, FL 33131																																																																														
7. Name and Address of New Registered Agent Name <u>Peter C. Gardner</u> Street Address (P.O. Box Number is Not Acceptable) <u>8211 W. BROWARD BLVD, PH-2</u> City <u>PLANTATION</u> FL Zip Code <u>33324</u>				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 <u>Peter C. Gardner</u> DATE <u>4/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																														
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																																																																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete																															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Change</td> <td style="width:10%; text-align: right;">Addition</td> </tr> <tr> <td> </td> <td><u>Peter C. Gardner</u></td> <td><u>8211 W. BROWARD BLVD PH-2</u></td> <td><u>PLANTATION, FL 33324</u></td> <td> </td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition		<u>Peter C. Gardner</u>	<u>8211 W. BROWARD BLVD PH-2</u>	<u>PLANTATION, FL 33324</u>		<input checked="" type="checkbox"/>																														
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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: <u>Peter C. Gardner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/25/07</u> Daytime Phone # <u>954 727-9335</u>																																																																														