

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90078 017 ***138.75

DOCUMENT # L07000056466

1. Entity Name
GROVE INVESTORS, LLC



Principal Place of Business
2601 SOUTH BAYSHORE DRIVE
SUITE 1450
MIAMI, FL 33133 US

Mailing Address
2601 SOUTH BAYSHORE DRIVE
SUITE 1450
MIAMI, FL 33133 US

00000860



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0275815

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

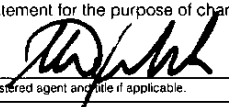
Name
STEVEN HABIB

Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DR

Suite 1450

City Miami FL Zip Code 33133

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  1/4/08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME MGRM ☐ Delete
HABIB, STEVEN M
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MGRM ☐ Delete
GETTIS, LAWRENCE W
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MGRM ☐ Delete
BLOOM, BURT R
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:  1/4/08 305-858-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #