

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060268

FILED
Mar 12, 2008
Secretary of State

Entity Name: GROVE 2400, LLC

Current Principal Place of Business:

2400 SOUTH DIXIE HIGHWAY
SUITE 100
MIAMI, FL 33133

New Principal Place of Business:

2701 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133

Current Mailing Address:

2701 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133

New Mailing Address:

FEI Number: 26-0514752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, JULIO C JR
2701 SOUTH BAYSHORE DRIVE
SUITE 500
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ACOSTA, JULIO C JR
Address: 2701 SOUTH BAYSHORE DR., #500
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Delete
Name: ACOSTA, CHRISTINE M
Address: 2701 SOUTH BAYSHORE DR., #500
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: CONSUEGRA, NORMA
Address: P.O. BOX 650738
City-St-Zip: MIAMI, FL 33265

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIO C. ACOSTA JR. MGRM 03/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date