



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90015 050 ***138.75

DOCUMENT # L07000066116					
1. Entity Name GROVE CREEK PARTNERS, LLC					
Principal Place of Business C/O POINTE GROUP MANAGEMENT, INC. 2840 S.W. 3RD AVENUE, SUITE 100 MIAMI, FL 33129			Mailing Address C/O POINTE GROUP MANAGEMENT, INC. 2840 S.W. 3RD AVENUE, SUITE 100 MIAMI, FL 33129		
2. Principal Place of Business - No P.O. Box # 8211 W. BROWARD BLVD		3. Mailing Address 8211 W. BROWARD BLVD			
Suite, Apt. #, etc. PH-2		Suite, Apt. #, etc. PH-2			
City & State PLANTATION, FL		City & State PLANTATION, FL			
Zip 33324		Zip 33324			
Country USA		Country USA		02222008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-8977970				<input type="checkbox"/> Applied For <input checked="" 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 ROSE, ELLEN C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 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> <u>FL</u> 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> (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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			P, D GARDNER, PETER C. 8211 W. BROWARD BLVD, PH-2 PLANTATION, FL 33324		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D, V DRISCOLL, WILLIAM L. 8211 W. BROWARD BLVD, PH-2 PLANTATION, FL 33324		
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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> Date: <u>4/18/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					