

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # 196000000948**

GROVER ENTERPRISES, L.C.
~~534 SAN ANTONIO AVE.~~
~~CORAL GABLES FL 33146~~

1a. Principal Place of Business Address

534 SAN ANTONIO AVE.
CORAL GABLES FL 33146

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business **2203 NW 23 AVE**
2a. Mailing Address **2203 NW 23 AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **MIAMI FL.** City & State **MIAMI FL.**

Zip **33142** Country **DADE** Zip **33142** Country **DADE**

3. Date Organized or Qualified **09/09/1996** 3a. State of Formation **FL**

4. FEI Number **65-0711900**
☐ Applied For
☐ Not Applicable

5. Date of Last Report 6. Certificate of Status Desired
☒ No Additional Fee Required

7. Name and Address of Current Registered Agent

WIMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HUBLEY, GROVER	24710 FERGLIN	KATY TX
MGRM	DUARTE, PETER	2956 BIRD AVENUE	COCONUT GROVE FL
MGRM	CONZALEZ, JOE	534 SAN ANTONIO AVE.	CORAL GABLES FL

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****203.75 ****203.75

A. Alan
4/29/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

4-25-97 305 635-1288