
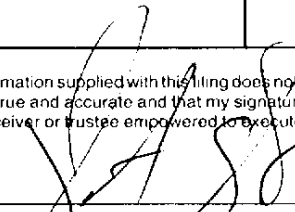


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>GROVER ENTERPRISES, L.C. 2203 N.W. 23 AVE. MIAMI FL 33142</b>		<b>DOCUMENT # L96000000948</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address <b>2203 N.W. 23 AVE. MIAMI FL 33142</b>	
3. Date Organized or Qualified <b>09/09/1996</b>		3a. State of Formation <b>FL</b>		4. FEI Number <b>65-0711900</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>05/04/1998</b>		6. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>			
7. Name and Address of Current Registered Agent <b>WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>400002871444-3</b> Suite, Apt. #, etc. <b>05/11/99-01060-020</b> <b>***188.75 ***188.75</b> City <b>FL</b> Zip Code		
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 _____ <small>(Registered Agent Accepting Appointment) (SOLE Registered Agent/Secretary/Manager/Officer)</small>					
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	
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:  <b>PETER DUARTE</b> <b>5/12/99</b> <b>205-615-1281</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER, MANAGER, OFFICER, RECEIVER, OR TRUSTEE)</small> <small>Date</small> <small>Digitized Page #</small>					