


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 034 ****50.00

DOCUMENT # L97000001321		
1. Entity Name GROBRO INVESTMENTS, L.L.C.		
Principal Place of Business 2937 SW 27TH AVE., SUITE 100C MIAMI FL 33133		Mailing Address 2077 NE 120TH RD NORTH MIAMI FL 33181
2. Principal Place of Business		3. Mailing Address <i>616 North Island DR</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State <i>Golden Bch, FL</i>
Zip	Country	Zip <i>33160</i> Country <i>DADE</i>



MOORE CR2E083 (11/03)

4. FEI Number 65-0806179		Applied For <input 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 GROSMAN, SEAN 2077 NE 120TH ROAD NORTH MIAMI FL 33181		7. Name and Address of New Registered Agent Name <i>SEAN GROSMAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>616 North Island DR</i> City <i>Golden Bch</i> FL Zip Code <i>33160</i>	
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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 *Sean Grozman* (NOTE: Registered Agent signature required when reinstating) DATE *2/4/04*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMG VENTURES, INC. 2875 NE 191ST STREET PH 3A AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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: *Sean Grozman* SEAN GROSMAN *2/4/04* 954-7245454
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #