


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR 31 PM 3:45													
<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>															
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L98000000481</b>  GROVE MANAGEMENT, L.C. 3 GROVE ISLE, SUITE 1507 MIAMI FL 33133		<b>1a. Principal Place of Business Address</b>  3 GROVE ISLE, SUITE 1507 MIAMI FL 33133															
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> 04/17/1998  <b>3a. State of Formation</b> FL  <b>4. FEI Number</b> 65-0828605  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>5. Date of Last Report</b> N/A  <b>6. Certificate of Status Desired</b> \$8.75 Additional Fee Required <input type="checkbox"/>													
<b>7. Name and Address of Current Registered Agent</b>  WHALEN, TIMOTHY L 301 CLEMATIS STREET, SUITE 200 WEST PALM BEACH FL			<b>8. Name and Address of New Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City      Zip Code <div style="text-align: right;"><b>FL</b></div>														
<b>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.</b>																	
<b>SIGNATURE</b> _____ <small>(The Registered Agent Accepting Appointment to the Office of Registered Agent or person authorized to sign it)</small>			<b>DATE</b> _____														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 25%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 35%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>WALIA, KUSIM TRUSTEE</td> <td>3 GROVE ISLE, SUITE 1507</td> <td>MIAMI FL</td> </tr> <tr> <td>MGRM</td> <td>SEIDEN, DAVID</td> <td>3 GROVE ISLE, SUITE 1507</td> <td>MIAMI FL</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	WALIA, KUSIM TRUSTEE	3 GROVE ISLE, SUITE 1507	MIAMI FL	MGRM	SEIDEN, DAVID	3 GROVE ISLE, SUITE 1507	MIAMI FL
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<b>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.</b>																	
<b>SIGNATURE:</b> <i>David Seiden, for David Seiden</i> DAVID SEIDEN, MGRM			2/24/99 234-8695 04/15/99-01009-007 ****188.75 ****188.75														