

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000005674**

1. Entity Name  
**GROVES 27 LLC**



Principal Place of Business  
**6908 ENGLE ROAD, SUITE D  
MIDDLEBURG HEIGHTS, OH 44130**

Mailing Address  
**6908 ENGLE ROAD, SUITE D  
MIDDLEBURG HEIGHTS, OH 44130**



03212006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3582143**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KENNETH R SACKS RESTATEMENT OF TRUST OF 04  
6908 ENGLE ROAD, SUITE D  
MIDDLEBURG HEIGHTS, OH 44130**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KRENZLER, DEBORAH  
28099 N. WOODLAND RD  
PEPER PIKE, OH 44124**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UNIT00044932  
04/12/06-00065-011 50.00

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IN THIS SPACE**

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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**03/27/06**

Date

Daytime Phone #