


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**


06-20-2005 90164 046 \*\*\*\*50.00

<b>DOCUMENT # M99000001149</b> 1. Entity Name GROVE OCEAN LLC	
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Principal Place of Business 3400 SW 27TH AVENUE COCONUT GROVE, FL 33133	Mailing Address C/O SUNAMERICA AFFORDABLE HOUSING PTNRS 1999 AVE. OF THE STARS, 36TH FLOOR (LEGAL) LOS ANGELES, CA 90067-6022
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**DO NOT WRITE IN THIS SPACE**

XXXXXXXXXX



05022005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 13-4069782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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.

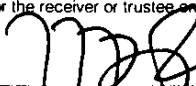
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNAMERICA HOUSING FUND 760 1999 AVENUE OF THE STARS, 36TH FLOOR LOS ANGELES, CA 90067
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**DO NOT WRITE IN THIS SPACE**

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:**  **Michael L. Fowler**  
**Vice President**      5/17/2005      (310) 772-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #