


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001149**

1. Entity Name  
**GROVE OCEAN LLC**



Principal Place of Business  
**3400 SW 27TH AVENUE  
COCONUT GROVE, FL 33133**

Mailing Address  
**C/O SUNAMERICA AFFORDABLE HOUSING PTNR  
1999 AVE. OF THE STARS, 36TH FLOOR  
LOS ANGELES, CA 90067-6022**

**DO NOT WRITE IN THIS SPACE**



01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>13-4069782</b>	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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SUNAMERICA HOUSING FUND 760 1999 AVENUE OF THE STARS, 36TH FLOOR LOS ANGELES, CA 90067</b>
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04/19/06-80081-023 50.00

**DO NOT WRITE  
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:  **Michael L. Fowler**  
Vice President

3/10/2006 (310) 772-6000

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