

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00430

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: GROVE BY THE BAY LIMITED COMPANY

**Current Principal Place of Business:**

1440 J.F.K. CAUSEWAY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

1440 J.F.K. CAUSEWAY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

FEI Number: 65-0277790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLALOBOS, CARLOS J  
1440 J.F. KENNEDY CSWY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141 US

**Name and Address of New Registered Agent:**

JACOB, ELI PSD  
1440 J.F. KENNEDY CSWY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141 US

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.

SIGNATURE: ELI JACOB

03/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: M ( ) Delete  
Name: JACOB, ELI,  
Address: 1440 JF KENNEDY CSWY #400  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: M ( ) Delete  
Name: JACOB, ANITA,  
Address: 1440 JF KENNEDY CSWY #400  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES:**

Title: PSD (X) Change ( ) Addition  
Name: JACOB, ELI,  
Address: 1440 JF KENNEDY CSWY #400  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VP (X) Change ( ) Addition  
Name: JACOB, ANITA,  
Address: 1440 JF KENNEDY CSWY #400  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELI JACOB

PSD

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date