

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 NOV 12 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A06439
NORTH GROVE ASSOCIATES, LTD.	

Mailing Address 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 33769	Principal Office Address 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 33769	3. Date Formed or Registered 04/10/1978	5a. Capital Contributions as Shown on record. \$110,430.00
2. Mailing Address 516 Lakeview Road	2a. Principal Office Address 516 Lakeview Road	3a. Date of Last Report 12/12/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. Unit 8	Suite, Apt. #, etc. Unit 8	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Clearwater, Florida	City & State Clearwater, Florida	6. FEI Number 59-1815841	
Zip 33756	Country USA	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Country Pinellas	Zip 33756	Country USA	Country Pinellas

9. Name and Address of Current Registered Agent FLYNN, THOMAS F 2424 ENTERPRISE ROAD SUITE G CLEARWATER FL 33769	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City Clearwater FL Zip Code 33756
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Thomas Flynn* DATE **10/28/98**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BJELLAND, RICHARD J	888 WILSON ST	WOODBURN OR 97071	800002691988--8 -11/19/98--01090--017 ***\$35.00 NOV ***\$35.00
MIDURA, ROGER B	1110 E CLEVELAND ST 1761 Breakers West Blvd	WOODBURN OR West Palm Beach, FL 33411	
FLYNN, THOMAS F	2769 WESTCHESTER DR 516 Lakeview Rd, Unit 8	CLEARWATER FL 33756	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thomas Flynn* DATE **10/28/98**

Typed or Printed Name of General Partner Signing Form **Thomas F. Flynn** Daytime Telephone Number **727-449-1182 X 211**

CR2E003 (8/98)