
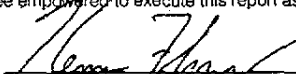


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A06439					
1. Entity Name NORTH GROVE ASSOCIATES, LTD.					
Principal Place of Business 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756			Mailing Address 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1815841	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$110,430.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000025959		STREET ADDRESS		
NAME	NORTH GROVE, LLC		CITY-ST-ZIP		
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8 ✓				
CITY-ST-ZIP	CLEARWATER, FL 33756				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			As Vice-President of LLC General Partner		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Kevin T. Flynn 1/16/04 727-449-1182 Daytime Phone #		



01142004 Chg-LP CR2E003 (10/03)

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