


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 24, 2006 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

01172006 No Chg-LP

CR2E003 (11/05)

| | |
|--|--------------------------------|
| 4. FEI Number 59-1815841 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F
516 LAKEVIEW ROAD
UNIT 8
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable

000000445355
03/07/06-80043-002 508.75
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

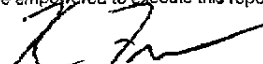
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

| | |
|----------------|---------------------------|
| DOCUMENT # | L03000025959 |
| NAME | NORTH GROVE, LLC |
| STREET ADDRESS | 516 LAKEVIEW ROAD, UNIT 8 |
| CITY-ST-ZIP | CLEARWATER, FL 33756 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

02/15/2006 727-449-1182
Date Daytime Phone #