


**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



01172006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE 03/07/06  
Signature, typed or printed name of registered agent and title if applicable

000000445355  
03/07/06-80043-002 508.75

**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	

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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] As Vice-President of LLC General Partner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

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