



**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06439</b>	
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
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-LP      CR2E003 (12/06)

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

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 02/28/08-80040-010 508.75

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

FILE NOW!!! FEE IS \$500.00  
 After May 1, 2008, 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

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: Kevin T Flynn      Kevin T Flynn      2/15/08      727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

LLC General Partner

STAPLE CHECK HERE