

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 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



01152008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1815841

Applied For
Not Applicable

5. Certificate of Status Desired **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

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

U000000834124
02/28/08-80040-010 508.75
DATE

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

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CITY- ST- ZIP

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CITY- ST- ZIP

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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

2/15/08

727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**As Vice-President of
LLC General Partner**

STAPLE CHECK HERE