## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



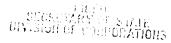
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A9400001297** 

VILLAS IN THE GROVE ASSOCIATES, LTD.



99 MAR -9 AM 10: 49



Mailing Address Principal Office Address  2814 COCONUT AVE. 2814 COCONUT AVE. COCONUT GROVE FL 33133 COCONUT GROVE FL 331			3, Date Formed or Registered 09/22/1994	5a. Capital Contributions as Shown on record
		Ota Date of Last Report		\$100.00
			12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	lo unie
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0640997	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country	Zip Country			Fee Required  1 State (See reverse side for fee information)
	<u></u>			
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
LUIS, MIKE A 2814 COCONUT AVE. COCONUT GROVE FL 33133		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt #, etc		
		City		Zip Code
for the purpose of changing its registered office or reg agent. I am femiliar with, and accept the obligations o SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I MUST	S A CORPORATION	LIMITED		J
11. Name(s) of General Partner(s)	1 (a. (Go HOT Use Post Office Bo		11b. City, State 8 Zip Code	11c. Registration/ Document Number
LUIS DEVELOPMENT & CONSTRUCT 2814 COCONUT /			COCONUT GROVE FL 3313	\$79593
	MK	194	900002 -03/09 ****1	7991091 1/9901043012 50.00 ****150.00
Note: General partners MAY NOT	be changed on this for	m: an ame	endment must be filed to ch	nange a general partner
12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119 07 is true and accurate and that my signature stoff have the execute this report as required by chapter 20, Floria 3	filing is voluntarily furnished and does not 30%, in the event that the information sup same legal effects as if made under oal	qualify for the ex	emption stated in Section 119 07(3)(k), Florida Sexempt from public access. I further certify that t	tatutes. I release the Division of Corporations he information indicated on this annual report
SIGNATURE			DATE	3-8-99
Typed or Printed Name of General Partner Signing Form			Daytime Telephone Number	
				000260