2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000231

1. Entity Name
THE DURRANCE GROVES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
3619 COLLEGE HILL ROAD BOWLING GREEN FL 33834	3619 COLLEGE HILL ROAD BOWLING GREEN FL 33834

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0763235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** *Additional* Fee Required

6. Name and Address of Current Registered Agent

DURRANCE, MARY LOUISE
3619 COLLEGE HILL ROAD
BOWLING GREEN FL 33834

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 DATE

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $3,000,000.00

10. Amount of Capital Contributions *in FLORIDA to date.*

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	13.	ADDRESS CHANGES ONLY
DOCUMENT #		STREET ADDRESS	
NAME	DURRANCE, MARY LOUISE		
STREET ADDRESS	3619 COLLEGE HILL ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	BOWLING GREEN FL 33834		
DOCUMENT #		STREET ADDRESS	U00000255342 03/08/05--01010--018 526.25
NAME	DURRANCE, DANNY D		
STREET ADDRESS	3067 COLLEGE HILL ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	BOWLING GREEN FL 33834		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Danny Durrance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/05 Date

863-773-3432 Daytime Phone #