

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001384**

1. Entity Name

THE DILLY GROVE LIMITED PARTNERSHIP AGREEMENT

FILED

00 APR -7 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**610 SOUTHARD STREET REAR
KEY WEST FL 33040**

Mailing Address
**610 SOUTHARD STREET REAR
KEY WEST FL 33040-6838**

2. Principal Place of Business :

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0760097**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHATCH, JOHN S
610 SOUTHARD STREET
KEY WEST FL 33040**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #
NAME **BRUCE, BENJAMIN**
STREET ADDRESS **610 SOUTHARD STREET**
CITY - ST - ZIP **KEY WEST FL 33040**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME **CARTER, LINDA**
STREET ADDRESS **610 SOUTHARD STREET**
CITY - ST - ZIP **KEY WEST FL 33040**

STREET ADDRESS
CITY - ST - ZIP

4000003212044-7
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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: **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4.5.2000** Daytime Phone #