

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


DOCUMENT # A97000001384

1. Entity Name
THE DILLY GROVE LIMITED PARTNERSHIP AGREEMENT



FILED
 04 JAN 21 AM 10:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 800027310138
 01/21/04--01010--002 **525 25



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

Mailing Address
 610 SOUTHARD STREET REAR
 KEY WEST, FL 33040

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082004 Chg-LP CR2E003 (10/03)

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

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

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

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

10. Amount of Capital Contributions in FLORIDA to date. **1,500,000.00** **1/14/2004**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Day/Time Phone # _____