


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

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # A97000001384 1. Entity Name THE DILLY GROVE LIMITED PARTNERSHIP AGREEMENT |  |
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|--|--|
| Principal Place of Business 610 SOUTHARD STREET REAR KEY WEST FL 33040 | Mailing Address 610 SOUTHARD STREET REAR KEY WEST FL 33040 |
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1ST MOORE CR2E003 (10/04)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | | | |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 65-0760097 | Applied For Not Applicable |
|--------------|--------------|------------------------------------|-------------------------------|

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|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent BOHATCH, JOHN S 610 SOUTHARD STREET KEY WEST FL 33040 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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

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

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

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

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY - ST - ZIP | 1100000273956 03/23/05-80050-007 526.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **2/2/2005**
Daytime Phone #