


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001384					
1. Entity Name THE DILLY GROVE LIMITED PARTNERSHIP AGREEMENT					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0760097	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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		STREET ADDRESS	DATE	
	BRUCE, BENJAMIN			02/20/06-80002-010 508.75	
STREET ADDRESS	610 SOUTHARD STREET		CITY - ST - ZIP		
CITY - ST - ZIP	KEY WEST FL 33040				
DOCUMENT #	NAME		STREET ADDRESS		
	CARTER, LINDA				
STREET ADDRESS	610 SOUTHARD STREET		CITY - ST - ZIP		
CITY - ST - ZIP	KEY WEST FL 33040				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Benjamin Bruce</i>			Date: FEB 1 06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE