Applied For

\$8.75 Additional

Fee Required

Not Applicable

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001384

1. Entity Name

THE DILLY GROVE LIMITED PARTNERSHIP AGREEMENT

Country



Prin	cipal F	lace	of	Busin	ess
610	SOUTH		ST	REET	REA
KEY	WEST	FL :	3304	10	

2. Principal Place of Business

the receiver or trustee empo

SIGNATURE:

Suite, Apt. #, etc.

City & State

Zip

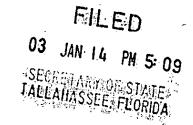
Mailing Address 610 SOUTHARD STREET REAR

OIU	SOUTH	ואחנ	SINCE	ΠI
KEY	WEST	FL -	33040	

3. Mailing Address

City & State

Suite, Apt. #, etc.



4. FEI Number 65-0760097

5. Certificate of Status Desired



DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BOHATCH, JOHN S.			Name	Name				
610 SOUTHARD STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040					Warrier I II			
			City	<u>'</u>	FL	Zip Code		
the obligat	named entity submits this statement for the plants of registered agent.	urpose of changing its regi	stered office or re	gistered agent, or both	in the State of Florida. I am far	niliar with, and accept .		
SIGNATURE .	Signature, typed or printed name of registered agent and title i	applicable.		- DATE				
		10. Amount of Capital Co 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 INFO	RMATION	13.		ADDRESS CHANGES ONLY			
DOCUMENT # NAME	BRUCE, BEMJAMIN 610 SOUTHARD STREET		STREET ADDRESS			10/05		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			CRZE003 (10/02)		
DOCUMENT #	CARTER, LINDA		STREET ADDRESS			CB2		
STREET ADDRESS CITY-ST-ZIP	RESS 610 SOUTHARD STREET		CITY-ST-ZIP			-		
DOCUMENT # NAME			STREET ADDRESS					
STREET ADDRESS	and the second s	-	CITY-ST-ZIP	701	701009813	7		
DOCUMENT #	i		STREET ADDRESS	01/14/0	<u> </u>	526.25		
STREET ADDRESS CITY-ST-ZIP		·	CITY-ST-ZIP	·				
DOCUMENT # NAME			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	0./				
DOCUMENT # NAME			STREET ADDRESS	151				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
14. I hereby o	certify that the information supplied with this fi	ing does not qualify for the	exemption stated	in Section 119.07(3)(i)	Florida Statutes. I further certif	that the information		

JAP MEQUINED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Country