

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A97000002727  
 1. Entity Name  
 MARGARET S. HENDERSON GROVES, LTD.



Principal Place of Business  
 HIGHWAY 64 EAST  
 WAUCHULA, FL 33873

Mailing Address  
 P.O. BOX 698  
 WAUCHULA, FL 33873



04162006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0721660

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HENDERSON, MARGARET S  
 2237 ST RD RD 64 - EAST  
 WAUCHULA, FL 33873

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	HENDERSON, MARGARET S
STREET ADDRESS	2237 ST RD 64 - EAST
CITY - ST - ZIP	WAUCHULA, FL 33873
DOCUMENT #	
NAME	BROWN, LYNN H
STREET ADDRESS	ROUTE 2, BOX 185
CITY - ST - ZIP	LAKE PROVIDENCE, LA 71254
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000531110  
 05/06/06-80018-020 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: *Margaret S Henderson* DATE: *4-17-06* DAYTIME PHONE #: *863 7739469*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #