

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014761 AT

DOCUMENT # A97000002727



1. Entity Name
MARGARET S. HENDERSON GROVES, LTD.

FILED
2003 FEB -3 PM 12:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
**HIGHWAY 64 EAST
WAUCHULA FL 33873**

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



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0721660	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HENDERSON, MARGARET S 2237 ST RD RD 64 - EAST WAUCHULA FL 33873			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. **\$1,238,250.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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	
	HENDERSON, MARGARET S		
	2237 ST RD 64 - EAST	CITY-ST-ZIP	700011621587
	WAUCHULA FL 33873		02/03/03--01085--024 **526.25
DOCUMENT #	NAME	STREET ADDRESS	
	BROWN, LYNN H		
	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	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	

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: *Margaret S. Henderson* **01-14-03** **863-7739469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)