


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001547

1. Entity Name
GREV, LTD.

\$150.00



Principal Place of Business Mailing Address
474 S. NORTH LAKE BLVD., SUITE 1020 **2221 LEE ROAD, STE. 28**
ALTAMONTE SPRINGS, FL 32701 **WINTER PARK, FL 32789**



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

04112004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3523343 Not Applicable

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

6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER
474 S. NORTH LAKE BLVD., SUITE 1020
ALTAMONTE SPRINGS, FL 32701

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000056616	STREET ADDRESS	
NAME	GREV, INC.	CITY-ST-ZIP	
STREET ADDRESS	474 S. NORTH LAKE BLVD., SUITE 1020		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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 04/29/04-800007-001 150.00

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: *Christopher Delguidice* **4-14-04** **407-645-5575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE