Applied For

Not Applicable

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1. Entity Name

A0000000241

THE GROVES AT WIMAUMA, LTD.

Principal Place of Business

C/O WHITE OAK REAL ESTATE DEV. CORP.

322 BANYAN BOULEVARD WEST PALM BEACH FL 33401

2. Principal Place of Business

SIGNATURE:

Suite, Apt. #, etc.

City & State

Mailing Address

C/O WHITE OAK REAL ESTATE DEV. CORP.

322 BANYAN BOULEVARD WEST PALM BEACH FL 33401

Suite, Apt. #, etc.

City & State

3. Mailing Address

FILED

02 APR 22 PM 4 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. FEI Number



0/8/02 56/838 8884 Daytime Phone #

DUE BY MAY 1, 2002 65-1069544

Zip	Country	Zip	Country	5. Certificate of Stat	tus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
WEST PAL	AULA J AN BOULEVARD .M BEACH FL 33401	Street Address 390 \(\Lambda\) City \(\Or\)	Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Ave Suite 1100 City Orlands FL 37801				
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 Fiorida. SIGNATURE Signal Typed or printe frame of registered agent and title if applicable. 10. Amount of Capital Contributions: 11. MAKE CHECK PAYABLE TO DEPT. OF STATE							
9. Capital Cor as Shown of	n record	10. Amount of Capit in FLORIDA to d	late.		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.							
	GENERAL PARTNER	13.	A	ADDRESS CHANGES C	DNLY		
DOCUMENT#	P00000013204 WHITE OAK GROVES, INC.	TINFORMATION	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401			CITY-ST-ZIP	600	1005361	6466 01011010	
DOCUMENT # LO1000001510 SRM HOLDINGS, LLC 3225 Aviation Ave., PH Suite Coconut Grove, FL 33133			STREET ADDRESS		****164.00	****164.00	
			CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	OVERPAYMT 14 ANC - 52 ANCHUPP 88 CUS	,00	CITY-ST-ZIP		RK &		
DOCUMENT #	AR- 52	. 50	STREET ADDRESS		,		
STREET ADDRESS CITY-ST-ZIP	ARJUPP 88	75	CITY-ST-ZIP				
DOCUMENT # NAME	8	5.74	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	(0)	<i>,</i>	CITY-ST-ZIP				
DOCUMENT # NAME			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			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 acceptate 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							

White Oak Groves, Inc.

Paula Ryan, Director

AME OF SIGNING GENERAL PARTNER