


2004 LIMITED PARTNERSHIP ANNUAL REPORT
—Due By May 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000241			
1. Entity Name THE GROVES AT WIMAUMA, LTD.			
Principal Place of Business 422 7TH ST., #2 WEST PALM BEACH, FL 33401		Mailing Address 422 7TH ST., #2 WEST PALM BEACH, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
RYAN, PAULA J 422 7TH ST., #2 WEST PALM BEACH, FL 33401			
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 agree to 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. \$5,426,346.00		10. Amount of Capital Contributions in FLORIDA to date.	



01062004 Chg-LP CR2E003 (10/03)
 4. FEI Number 65-1069544 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

FL Zip Code

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 #	P00000013204	STREET ADDRESS	
NAME	WHITE OAK GROVES, INC.	CITY-ST-ZIP	
STREET ADDRESS	422 7TH ST., #2		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #	L01000001510	STREET ADDRESS	U000000162040
NAME	SRM HOLDINGS, LLC	CITY-ST-ZIP	06/03/04-80006-002 526.25
STREET ADDRESS	3225 AVIATION AVENUE, PH SUITE		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Handwritten Signature]

4/21/04

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