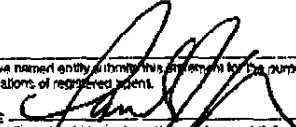
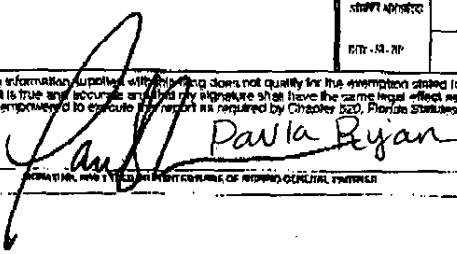


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000241			
1. Entity Name 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		Mailing Address C/O WHITE OAK REAL ESTATE DEV. CORP. 322 BANYAN BOULEVARD WEST PALM BEACH, FL 33401	
2. Principal Place of Business 422 7TH STREET Suite, Apt. #, etc. #2		3. Mailing Address 422 7TH STREET Suite, Apt. #, etc. #2	
City & State WEST PALM BCH, FL		City & State WEST PALM BCH, FL	
Zip 33401		Zip 33401	
Country USA		Country USA	
4. FEI Number 85-1088544		Applied For Not Applicable	
5. Certificate of Sales Tax \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BSC CORPORATE SERVICES OF CENT. FLA., INC. 350 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name: PAULA J. RYAN Street Address (P.O. Box Number is Not Acceptable) 422 7TH STREET, #2 WEST PALM BEACH, FL 33401		8. The above named entity, by signing this report, for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am bound by with, and accept the obligations of registered agent.	
SIGNATURE:  Paula Ryan		Date: 4-17-03	
9. Capital Contributions as Shown on record: \$5,426,846.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000013204 WHITE OAK GROVES, INC. 322 BANYAN BOULEVARD WEST PALM BEACH, FL 33401	STREET ADDRESS CITY-ST-ZIP	422 7TH STREET, #2 WEST PALM BCH, FL 33401
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000001610 SRM HOLDINGS, LLC 3225 AVIATION AVENUE, PH SUITE COCONUT GROVE, FL 33133	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.17(3)(f), 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 the oath of a trustee employed to execute the report as required by Chapter 520, Florida Statutes.		15. I hereby 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 the oath of a trustee employed to execute the report as required by Chapter 520, Florida Statutes.	
SIGNATURE:  Paula Ryan		Date: 4-17-03 ID-838-8886	

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CIRCULOS (1002)

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