


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED 23**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**  
**\$500.00**

<b>DOCUMENT # A00000001993</b>					
1. Entity Name <b>LULFS GROVES, LLLP</b>					
Principal Place of Business <b>7457 PARK LANE LAKE WORTH FL 33467</b>			Mailing Address <b>7457 PARK LANE LAKE WORTH FL 33467</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1062720</b>	
6. Name and Address of Current Registered Agent  <b>BRIAN LULFS 7457 PARK LANE LAKE WORTH FL 33467</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	



1st MOORE CR2E003 (10/05)

4. FEI Number **65-1062720** Applied For Not Applicat  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P00000116434 LULFS GROVES, INC. 7457 PARK LANE LAKE WORTH FL 33467</b>	STREET ADDRESS CITY-ST-ZIP	<b>000000428974 02/21/06-80063-007 500.00</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *MM 2* **2-8-06 561-437-200**