


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUN 16 AM 10:48

DOCUMENT # A02000001081 1. Entity Name BECKER B-14 GROVE, LTD.	
---	---

Principal Place of Business 2627 S. JENKINS ROAD FT. PIERCE, FL 34981	Mailing Address 2627 S. JENKINS ROAD FT. PIERCE, FL 34981
---	---

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
	Country	


 01162006 Chg-LP CR2E003 (11/05)
 4. FEI Number Applied For
 01-0740515 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HURLEY, BARBARA B 501 N. SWIM CLUB DR., PH-A VERO BEACH, FL 32963	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	L02000019290	STREET ADDRESS	
NAME	BECKER SISTERS MANAGEMENT, LLC	CITY - ST - ZIP	
STREET ADDRESS	2627 S. JENKINS ROAD		
CITY - ST - ZIP	FT. PIERCE, FL 34981		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

200076434122
 06/21/06--01040--014 ***900.00

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:  Barbara B Hurley	Date: 6-14-06	Daytime Phone #: (772) 595-3100
--	---------------	---------------------------------

STAPLE CHECK HERE