2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUI	MENT # A02215								
1. Entity Name GROVE PARK MANOR, LTD.							30 AM 8: I		
Principal Place	of Business	Mailing Address	Mailing Address			SECRE	TARY OF STA ASSEE, FLOT	ATE.	
1 '	D ST., SUITE #400	1002 W. 23RD ST., SUITE #400 PANAMA CITY, FL 32405			TALLAH	ASSEE,FLO	RIDA		
2. Principal P	ace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072004 (Chg-LP	CR2E003 (10/03))	
City & State		City & State .			4. FEI Number 59-153066	52		pplied For ot Applicable	
Zip	Country	· Zip	· Zip Country		5. Certificate of St	tatus Desired	\$8.75 Ad Fee Require	Iditional	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Add	iress of New Re	gistered Agent		
HENRY R	OBERT F:, III		Name Lauretta J. Pippin						
	1002 W. 23RD ST.				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 400 PANAMA CITY, FL 32405				1002 W	2 W. 23 rd St., Ste. 400				
		· _		City Panama	a City	÷	FL Zip Coo	32405	
the obligat	8. The above named entity submitts his statement or the purpose of changing its registered office the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and little applicable.					the State of Flor	ida. I am familiar with 4/22/04 DATE	, and accept	
9. Capital Co as Shown	ntributions on record. \$2,411,200.00	10. Amount of Cap in FLORIDA to		butions	•				
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY M	UST BE REGIST	TERED AND ACT	IVE WITH THIS	S OFFICE.		
NOTE: General Partners MAY NOT be changed on the form; at 12. GENERAL PARTNER INFORMATION 13.						ADDRESS CHAI			
DOCUMENT #	598978			EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP	ROYAL AMERICAN DEV., INC 1002 W. 23RD ST., #400 PANAMA CITY, FL			-ST-ZIP	05/11/	0036 040106	062410 5017 **5	35.00	
DOCUMENT #	CHAPMAN, JOSEPH F., III		STRE	EET ADDRESS			<u>-</u>		
STREET ADDRESS CITY-ST-ZIP	1002 W. 23RD ST., #400 PANAMA CITY, FL			-ST-ZiP					
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DOCUMENT # NAME STREET ADDRESS			STRE	EET ADORESS					
LI CHY-SI-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS		•		EET ADORESS	,				
14. I hereby of indicated the receiv	certify that the information supplied w on this report is true and accurate a ver or trustee empowered to execute	with this filing does not qualify and that my signature shall have this coport as remired by Cha	for the ave		ction 119.07(3)(i), Fl nade under oath; tha	orida Statutes. I It I am a General	further certify that the Partner of the limited	information partnership o	
SIGNAT	CA HI	DATA.		J. Pippin, Secretar		22/04	(850) 769		
SIGNAL	SIGNATURE AND TYPED		Date	Daytime Phone #					