2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

SIGNATURE: 4

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Apr 25, 2008 08:00 AM te

DOCUMENT # A0300001287 1. Entity Name MCKINNON GROVES LLLP						;	Secreta	ary of Sta
Principal Place of Business 15400 OAKLAND AVENUE WINTER GARDEN, FL 34787		Mailing Address P.O. BOX 979 OAKLAND, FL 34760-0979						
Principal Place of Business - No P.O. Box # Mailing Addres			ss					
Suite, Apt. #, etc.		Suite, Apt. #, etc		04242008	Chg-LP	CR2E003 (12/06)	
City & State		City & State		4. FEI Number 59-0695497			Applied For Not Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	Fee	75 Additional Required
6. Name and Address of Current Registered Agent BOYD, MAURICE M 15400 OAKLAND AVENUE				7. Name and Address of New Registered Agent Name				
				Street Address (P.O. Box Number is Not Acceptable)				
WINTER GARDEN, FL 34787								
				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 Signature, typed or printed name of registered agent and trille if applicable.								
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 CHA		
DOCUMENT # NAME	MCKINNON CORPORATION		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	H00000923647			
DOCUMENT # NAME		NAME OF THE OWNER OWNER OF THE OWNER OWNE	STRE	ET ADDRESS		05/16/08	-80040-0	02 580.00
STREET ADDRESS City-St-zip	_		CITY	-ST-ZIP				
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DOCUMENT / NAME			STRE	ET ADDRESS	,	i		
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
14. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 620, Florida Statutes Macrice M., Boyd, President of McKinnon Corporation								
SIGNATURE: 4/24/08 407-656-1333								

Date

Daytime Phone #