2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A03000001809

1. Entity Name

MCM GROVES, LLLP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 10:52

Principal Place of Business	Mailing Address
325 N LAKEVIEW RD WINTER GARDEN FL 34787-2714	P.O. BOX 77037 WINTER GARDEN FL 34777-0037

1ST MOORE CR2E003 (10/04)

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

4. FEI Number 592667940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALFORD, JANET 1645 9TH ST SW VERO BEACH FL 32962	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $0.00

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 #		STREET ADDRESS	P.O. Box 771340
NAME	ASMA, MARY BETH	CITY-ST-ZIP	Winter Garden FL 34777-1340
STREET ADDRESS	PO BOX 770012		
CITY-ST-ZIP	WINTER GARDEN FL 34777-0012		
DOCUMENT #		STREET ADDRESS	1645 9th St SW
NAME	ALFORD, JANET	CITY-ST-ZIP	Vero Beach FL 32962
STREET ADDRESS	1645 9TH ST SW		
CITY-ST-ZIP	VERO BEACH FL 32962		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	700050092647
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary Beth Asma 4/9/05 4078777465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #