


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A05491
 1. Entity Name
GROVE RESTAURANT, LTD.



Principal Place of Business Mailing Address
 90 EDGEWATER DR 90 EDGEWATER DR
 SUITE 702 SUITE 702
 CORAL GABLES, FL 33133 CORAL GABLES, FL 33133



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country

04092004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 59-1779940 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEREDITH, SPENCER B.
 90 EDGEWATER DR
 SUITE 702
 CORAL GABLES, FL 33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,000.00 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 | |
| NAME | MEREDITH, SPENCER B III | CITY - ST - ZIP | |
| STREET ADDRESS | 90 EDGEWATER DRIVE #702 | | 000000119796 |
| CITY - ST - ZIP | CORAL GABLES, FL 33133 | | 04/20/04 00003 015 150.00 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | BELL, CRAIG M | CITY - ST - ZIP | |
| STREET ADDRESS | 1704 JENNINGS WAY | | |
| CITY - ST - ZIP | PAOLI, PA 19301 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| DOCUMENT # | | STREET ADDRESS | |
| 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: Craig M. Bell 4/9/04 (212) 733-8791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #