

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

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05491</b>	
1. Entity Name <b>GROVE RESTAURANT, LTD.</b>	

Principal Place of Business <b>90 EDGEWATER DR SUITE 702 CORAL GABLES FL 33133</b>	Mailing Address <b>90 EDGEWATER DR SUITE 702 CORAL GABLES FL 33133</b>
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1ST MOORE CR2E003 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1779940</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MEREDITH, SPENCER B. 90 EDGEWATER DR SUITE 702 CORAL GABLES FL 33133</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____
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**FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	NAME	STREET ADDRESS	
	<b>MEREDITH, SPENCER B.</b>		
STREET ADDRESS	<b>90 EDGEWATER DRIVE #702</b>	CITY - ST - ZIP	
CITY - ST - ZIP	<b>CORAL GABLES FL 33133</b>		<b>U00000287721</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>03/18/05-80015-002 150.00</b>
	<b>BELL, CRAIG M</b>		
STREET ADDRESS	<b>1704 JENNINGS WAY</b>	CITY - ST - ZIP	
CITY - ST - ZIP	<b>PAOLI PA 19301</b>		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
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: <b>SPENCER B. MEREDITH</b> <i>Spencer B. Meredith</i>	<b>MARCH 7, 2005</b>	<b>305-668-4472</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>