


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 24, 2006 08:00 AM  
Secretary of State**

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

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



01312006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1779940	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

**DO NOT WRITE IN THIS SPACE**

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 file if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MEREDITH, SPENCER B 90 EDGEWATER DRIVE #702 CORAL GABLES, FL 33133
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BELL, CRAIG M 1704 JENNINGS WAY PAOLI, PA 19301
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

U00000531585  
05/06/06-80050-008 508.75

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Craig M. Bell 4/18/06 (610)644-2980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #