


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A05491
 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
---	---

DO NOT WRITE IN THIS SPACE



01112007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1779940	Applied For 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

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 title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	

DO NOT WRITE IN THIS SPACE

UN0000672922
03/23/07-80008-015 508.75

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 employed to file this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Craig M. Bell 3/16/07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #