


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR -1 PM 1:32

**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 - No P.O. Box #      3. Mailing Address

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

City & State    City & State

Zip                      Country                      Zip                      Country



01142008      Chg-LP                      CR2E003 (12/08)

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		7. Name and Address of New Registered Agent	
MEREDITH, SPENCER B. 90 EDGEWATER DR SUITE 702 CORAL GABLES, FL 33133		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 fee if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	300121644233
NAME	MEREDITH, SPENCER B	CITY - ST - ZIP	03/31/08--01008--011 **508.75
STREET ADDRESS	90 EDGEWATER DRIVE #702		
CITY - ST - ZIP	CORAL GABLES, FL 33133		
DOCUMENT #		STREET ADDRESS	407 SERGEANT DRIVE
NAME	BELL, CRAIG M	CITY - ST - ZIP	LAMBERTVILLE, N.J. 08530
STREET ADDRESS	<del>1704 JENNINGS WAY</del>		
CITY - ST - ZIP	<del>RAOLI, PA 19001</del>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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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 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: *x Craig M. Bell*      3/21/08      (908) 231-2387

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #