


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001368 AV

**DOCUMENT # A05491**

1. Entity Name  
**GROVE RESTAURANT, LTD.**



**FILED**  
03 MAY -6 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

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

Mailing Address  
90 EDGEWATER DR  
SUITE 702  
CORAL GABLES FL 33133



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

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

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.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 CITY-ST-ZIP	<b>MEREDITH, SPENCER B III</b> 421 CHARLESTON GREENE MALVERN PA 19355	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>BELL, CRAIG M</b> 1704 JENNINGS WAY PAOLI PA 19301	STREET ADDRESS CITY-ST-ZIP	<b>200018030818</b> 05/05/03--01006--019 **150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (10/02)

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: SIGNATURE REQUIRED **4/23/03 (610)644-2980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #