2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 DOCUMENT # A06000000972 1. Entity Name GKK-ANTHONY GROVES, LTD.



FILED May 01, 2008 08:00 AM **Secretary of State**

Principal Place of Business

2901 RIGSBY LANE SAFETY HARBOR, FL 34695

FORLIZZO, ROBERT A ESQ. C/O FORLIZZO LAW GROUP, P.A.

SAFETY HARBOR, FL 34695

2903 RIGSBY LANE

Mailing Address

2901 RIGSBY LANE

SAFETY HARBOR, FL 34695



DO NOT WRITE IN THIS SPACE

02222008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-5741288 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7	The property of the property of the second o
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.	

12.

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

U00000942199 /29/08-80010-018 500.00

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. GENERAL PARTNER INFORMATION

ı	CENERAL ATTIVES IN CHIMATION	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P06000014626 PDG V, INC. 2901 RIGSBY LANE SAFETY HARBOR, FL 34695
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS	

form; an amendment must be filed to change a general partner.

DO NOT WRITE

IN THIS SPACE

All the state of t 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-08

Daytime Phone #