

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07420

1. Entity Name

THE GROVES REALTY GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB - 1 PM 1:55

Principal Place of Business

C/O BALESTRA CAPITAL
1185 AVENUE OF THE AMERICAS 32ND FLOOR
NEW YORK NY 10036

Mailing Address

C/O BALESTRA CAPITAL
1185 AVENUE OF THE AMERICAS 32ND FLOOR
NEW YORK NY 10036-2601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2311077**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYS STREET
STE. 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$500,100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #

L9500000610

NAME

JLM GROVES, L.C.

STREET ADDRESS

6775 SILVER STAR ROAD

CITY - ST - ZIP

ORLANDO FL 32818

STREET ADDRESS

300003123423--7

CITY - ST - ZIP

02/04/00 01002 009

******526.25 ****526.25**

DOCUMENT #

NAME

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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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/00

Date

Daytime Phone #