

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
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	38-2311077	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THE PRENTICE HALL CORP. SYSTEM, INC.
 1201 HAYS STREET
 STE. 105
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ (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
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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 #	L95000000610
NAME	JLM GROVES, L.C.
STREET ADDRESS	6775 SILVER STAR ROAD
CITY - ST - ZIP	ORLANDO FL 32818
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300003123423--7
CITY - ST - ZIP	02/04/00 01002 009 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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]* 1/25/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #