

2002 UNIFORM BUSINESS REPORT (UBR)

0005183 AT

DOCUMENT # A07420

1. Entity Name
THE GROVES REALTY GROUP, LTD.

FILED

02 JAN 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
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 <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L9500000610 JLM GROVES, L.C. 6775 SILVER STAR ROAD ORLANDO FL 32818	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	8000004831088--4
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	-01/28/02--01063--023
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **1/16/02** **212-768-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)