

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A07420

1. Entity Name
 THE GROVES REALTY GROUP, LTD.



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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01092004 Chg-LP CR2E003 (10/03)

4. FEI Number
 38-2311077

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 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. \$500,100.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	L95000000610	STREET ADDRESS	
NAME	JLM GROVES, L.C.	CITY-ST-ZIP	
STREET ADDRESS	6775 SILVER STAR ROAD		
CITY-ST-ZIP	ORLANDO, FL 32818		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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

SIGNATURE: [Signature] DATE: 1/12/04 DAYTIME PHONE #: (212) 768-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER