


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -8 AM 10: 08

DOCUMENT # A07420 1. Entity Name THE GROVES REALTY GROUP, LTD.	
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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 The Groves Realty Group, Ltd. Suite, Apt. #, etc. 6775 Silver Star Road	3. Mailing Address Suite, Apt. #, etc. City & State Orlando, FL		
Zip 32818	Country USA	Zip 	Country



05312005 Chg-LP CR2E003 (10/03)

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
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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.

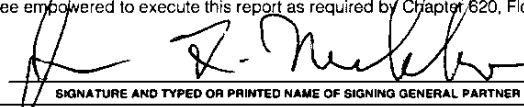
9. Capital Contributions as Shown on record. \$500,100.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS A BUSINESS 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 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:  5/31/05 (212) 768-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #