
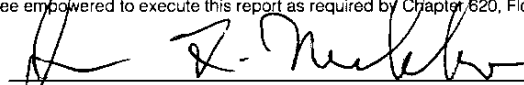


2005 LIMITED PARTNERSHIP ANNUAL REPORT

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.					
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 The Groves Realty Group, Ltd.		3. Mailing Address Suite, Apt. #, etc. 6775 Silver Star Road			
City & State Orlando, FL		City & State _____			
Zip 32818		Country USA		Zip _____	
Country USA		Zip _____		4. FEI Number 38-2311077	
5. Certificate of Status Desired <input type="checkbox"/>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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.	
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		STREET ADDRESS		
NAME	JLM GROVES, L.C.		CITY-ST-ZIP		
STREET ADDRESS	6775 SILVER STAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			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: 			Date: 5/31/05		Daytime Phone #: (212) 768-9000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

AS



05312005 Chg-LP CR2E003 (10/03)

4. FEI Number **38-2311077** Applied For Not Applicable

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

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06/21/05 01069 012 ***526.25