

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

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32818

Country
USA

Zip

Country

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

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

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/31/05

(212) 768-9000

Date

Daytime Phone #

STAPLE CHECK HERE