

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A07420**

1. Entity Name  
**THE GROVES REALTY GROUP, LTD.**



Principal Place of Business  
**THE GROVES REALTY GROUP LTD**  
**6775 SILVER STAR ROAD**  
**ORLANDO, FL 32818**

Mailing Address  
**% BALESTRA CAPITAL**  
**1185 AVENUE OF THE AMERICAS 32ND FLOOR**  
**NEW YORK, NY 10036**



01032006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-2311077</b>	Applied For Not Applicable
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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**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

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

1100000382462  
 01/12/06-80012-017 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_