

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Sep 11, 2007 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



07092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

THE PRENTICE HALL CORP. SYSTEM INC.
1201 HAYS STREET
STE. 105
TALLAHASSEE, FL 32301

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 _____

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

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

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

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09/11/07-80001-007 500.00

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IN THIS SPACE**

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 #

James L. Melcher 7/9/07 (212) 768-9000

STAPLE CHECK HERE