


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008 .**

**FILED
May 12, 2008 08:00 AM
Secretary of State**

DOCUMENT # A07420 1. Entity Name THE GROVES REALTY GROUP, LTD.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 38-231 1077	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

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 date if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.**

**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	STREET ADDRESS	
NAME	JLM GROVES, L.C.	CITY-ST-ZIP	
STREET ADDRESS	6775 SILVER STAR ROAD		1100000951029
CITY-ST-ZIP	ORLANDO FL 32818		06/04/08-80018-004 900.00
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CITY-ST-ZIP			

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:  **5/6/08** **2127689000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date-time Phone #

STAPLE CHECK HERE