

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UBR30302 1A

DOCUMENT # **A07420**



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

**FILED**

03 JAN -8 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number <b>38-2311077</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$500,100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L9500000610 JLM GROVES, L.C. 6775 SILVER STAR ROAD ORLANDO FL 32818</b>	STREET ADDRESS CITY-ST-ZIP	<b>300009949719 01/08/05--01034--011 **526.25</b>
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**M THOMAS**

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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 REQUIRED **1/3/03** **(212) 768-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)