

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A08712

1. Entity Name
THE GROVE, LTD.



Principal Place of Business
**1391 TIMBERLANE ROAD
TALLAHASSEE, FL 32312**

Mailing Address
**C/O FLORIDA MANAGEMENT ASSOC.
P.O. BOX 610
MONTICELLO, FL 32345**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

FILED
05 FEB 28 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02172005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2045466

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUGGAR, THOMAS E.
1391 TIMBERLANE ROAD
TALLAHASSEE, FL 32312**

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. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	
NAME	WOLF, JOLEN RAWLS	CITY-ST-ZIP	
STREET ADDRESS	1890 OXBOTTOM RD		
CITY-ST-ZIP	TALLAHASSEE, FL		
DOCUMENT #		STREET ADDRESS	
NAME	DUGGAR, THOMAS EDWIN	CITY-ST-ZIP	
STREET ADDRESS	1888 OXBOTTOM RD		
CITY-ST-ZIP	TALLAHASSEE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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03/09/05--01064--014 **150.00

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: *Thomas Edwin Duggar* **EDWIN DUGGAR** **2-22-09**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE