

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

FILED

2006 MAR -2 PM 12: 28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



02132006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

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 #
NAME
STREET ADDRESS
CITY- ST- ZIP
WOLF, JOLEN RAWLS
1890 OXBOTTOM RD
TALLAHASSEE, FL

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

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

200067295922
03/07/06--01015--023 **508.75

**DO NOT WRITE
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:

Thomas E. Duggar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-17-06 850 593 4205

Date

Daytime Phone #

STAPLE CHECK HERE