


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 10:42

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| DOCUMENT #A08712 1. Entity Name THE GROVE, LTD. |  |
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| Principal Place of Business 1391 TIMBERLANE ROAD TALLAHASSEE, FL 32312 | Mailing Address C/O FLORIDA MANAGEMENT ASSOC. P.O. BOX 610 MONTICELLO, FL 32345 |
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01162008 No Chg-LP CR2E003 (12/06)

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| 4. FEI Number 59-2045466 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent DUGGAR, THOMAS E. 1391 TIMBERLANE ROAD TALLAHASSEE, FL 32312 |
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| DO NOT WRITE IN THIS SPACE |
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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 <u>Thomas E. Duggar</u> Thomas Duggar 4-25-08 Signature, typed or printed name of registered agent and title if applicable. DATE |
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 | |
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| DOCUMENT # | |
| NAME | WOLF, JOLEN RAWLS |
| STREET ADDRESS | 1890 OXBOTTOM RD |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| DOCUMENT # | |
| NAME | DUGGAR, THOMAS EDWIN |
| STREET ADDRESS | 1888 OXBOTTOM RD |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| <p>600128298536 05/02/08--01006--013 **508.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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| 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: <u>Thomas E. Duggar</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date 4-25-08 | Daytime Phone # 850 893-4205 |
|---|-----------------|---------------------------------|

STAPLE CHECK HERE