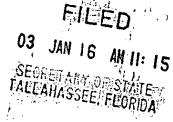
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT A DIOU	DOCUME	NT #	A15	166
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1. Entity Name

LABELLE GROVES, LTD.





227				COD WE IM		SSEE! FEORIDA			
		Mailing Address HIGHWAY 17 SOUTH				The state of the s			
P. O. BOX 366		P. O. BOX 366				4.			
WAUCHULA FL 33873 WAUCHULA FL 338		WAUCHULA FL 33873	FL 33873						
2. Principal Place of Bu	Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2003					
City & State	City & State City & State			4. FEI Number 59-2287244			Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired		5 Additional equired	
6. Nan	ne and Address of Currer	t Registered Agent	•	<u>L</u> .	7. Name and A	Address of New Registered	Agent		
SCHUMAN, CARLE	NE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTA	* = · · · * · ·		Name					
1986 HEARD BRIDG	GE ROAD			Street Address	(P.O. Box Number	is Not Acceptable)			
WAUCHULA FL 338	973								
				City		FL	- } `	Code	
 The above named en the obligations of regi 	ity submits this statement stered agent.	for the purpose of changing its	register	ed office or registe	ered agent, or both,	in the State of Florida. I am	familiar	with, and accept	
SIGNATURE									
Signature, type	ed or printed name of registered ager	t and title if applicable.				DATE			
Capital Contributions as Shown on record.	\$1,150,000.00		Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A NOT	GENERAL PARTNER E: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on t	ITITY M he form	UST BE REGIS ; an amendme	TERED AND AC	TIVE WITH THIS OFFICE to change a general par	E. rtner.		

12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS CHAPMAN, ADRIAN R NAME HIGHWAY 17 SOUTH STREET ADDRESS CITY-ST-ZIP WAUCHULA FL CITY-ST-ZIP 200010152 01/16/03--01030--008 DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

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:

A. R. Chapman

1/14/03 863-77393161

Date

CR2E003 (10/02)