FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 22 PM 1:25
SEC. OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
Eudora Grove Apartments, Ltd.

1a. DOCUMENT #
A16024

Mailing Address
351 6th Avenue West
Bradenton, Florida 34205

Principal Office Address
351 6th Avenue West
Bradenton, Florida 34205

3. Date Formed or Registered
12/20/83

3a. Date of Last Report
12/96

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$910.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address
351 6th Avenue West
Suite, Apt. #, etc

City & State
Bradenton, Florida
Zip 34205 Country

2a. Principal Office Address
351 6th Avenue West
Suite, Apt. #, etc.

City & State
Bradenton, Florida
Zip 34205 Country

6. FEI Number
65-0720594
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office
Name
Kimberly L. GRAUS
Street Address (P.O. Box Number Is Not Acceptable)
351 6th Avenue West
Suite, Apt. #, etc
City Bradenton FL Zip Code 34205

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Kimberly L Graus DATE 11-4-97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
SM. Plantation, Inc.	351 6th Avenue West	Bradenton, FL. 34205	P96000056684

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-12/31/97--01032--005
****156.25 ****156.25

dcc

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE X SM. Plantation, Inc. DATE 11-4-97