## 2006 Limited Partnership Annual Report Due By May 1, 2006

## FILED Apr 10, 2006 08:00 AM Secretary of State

Due By May 1, 2006			Secretary of State
1. Entity Nan	MENT #A16579 TION GROVE, LTD.		Secretary of State
{ ·	te of Business  ND STREET, SUITE A  FL 34236  Mailing Address  1717 SECOND STREET, S SARASOTA, FL 34236	UITE A	T INTERNET THE THE THE STEEL SERVICES SERVICES SERVICES TO THE TOTAL SERVICES SERVICES SERVICES SERVICES SERVI
C	OO NOT WRITE IN THIS SF	PACE	03312006 No Chg-LP
	6. Name and Address of Current Registered Agent		<u> </u>
	D, NEIL N OND STREET, SUITE A 'A, FL 34236		DO NOT WRITE IN THIS SPACE
the obligat	e named entity submits this statement for the purpose of changing its re flons of registered agent.	gistered affice or register	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and the trapplicable	<u> </u>	DATE
}	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	00	
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. nt must be flied to change a general partner.
12.	GENERAL PARTNER INFORMATION		
DOCUMENT # NAME	P98000022988   NNM, INC		
STREET ADDRESS CITY-ST-ZIP	1717 SECOND STREET, SUITE A SARASOTA, FL 34236		U00000500896
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			04/25/06-80039-019 500
GOCUMENT / NAME SIPELI ADDRESS CITY-ST-ZIP			DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS			

14. If hereby certify that the information supplied with this filling 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 220, forlida Statutes

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING GENERAL PA

STAPLE CHECK HERE

CITY-ST-ZIP

DOCUMENT F

NAME

STREET ADDRESS

CITY-ST-ZIP