

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 SEP 25 PM 12:16



1. Name of Limited Partnership **1a. DOCUMENT #**
A17749

DONNA GROVES, LTD.

Mailing Address 650 DOUGLAS AVE. SUITE 1000 ALTAMONTE SPRINGS FL 32714		Principal Office Address 650 DOUGLAS AVE. SUITE 1000 ALTAMONTE SPRINGS FL 32714		3. Date Formed or Registered 08/28/1984	5a. Capital Contributions as Shown on record \$175,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 09/14/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$175,000.00
				4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				6. FFI Number 59-2349734	<input type="checkbox"/> \$8.75 Additional Fee Required
				7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent GARMON, GARY E. 650 DOUGLAS AVE. SUITE 1000 ALTAMONTE SPRINGS FL 32714	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1061 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) _____ DATE _____

**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
CERTIFIED FINANCIAL SER.	650 DOUGLAS AVE., SUI	ALTAMONTE SPRINGS FL	F31805
HAYNES, DELTON L.	650 DOUGLAS AVE., SUI	ALTAMONTE SPRINGS FL	
BERT, JOSEPH	650 DOUGLAS AVE., SUI	ALTAMONTE SPRINGS FL	

600001962076
-10/02/96--01001--018
***576.25 ***576.25

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 _____ DATE 9-23-96
Delton L. Haynes
107 862-1303

CR2E003 (6/96)