

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

97 JAN 24 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A21880

BLIND HOG GROVES, LTD.

Mailing Address  
16323 CAPTIVA ROAD  
P.O. BOX 162  
CAPTIVA FL 33924

Principal Office Address  
16323 CAPTIVA ROAD  
P.O. BOX 162  
CAPTIVA FL 33924

3. Date Formed or Registered  
01/23/1986

5a. Capital Contributions as  
Shown on record.  
\$609,040.00

3a. Date of Last Report  
02/26/1996

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

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
59-2623549

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip Country Zip Country

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

MURRAH, W. NOLAN JR.  
16323 CAPTIVA ROAD  
CAPTIVA FL 33924

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 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)

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

MURRAH, W. NOLAN, JR.

16323 CAPTIVA ROAD

CAPTIVA FL

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number