


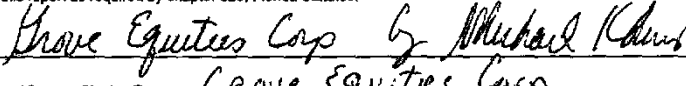


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 11 AM 11:09	
1. Name of Limited Partnership GROVE PARTNERS LIMITED		1a. DOCUMENT # A22648			
Mailing Address 6 RAMLAND RD. ORANGEBURG NY 10962		Principal Office Address 671 S. OCEAN BLVD BOCA RATON FL		3. Date Formed or Registered 05/30/1986	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/24/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2680861	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent BELL, CAROL 671 S. OCEAN BLVD BOCA RATON FL		10. If changed, new Registered Agent/Office Name Michael Easley Jones, Foster, Johnston & Stubbs Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive Flagler Center Tower Suite, Apt. #, etc. Suite 1100 City West Palm Beach FL Zip Code 33402			
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 3 Dec 98					
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) GROVE EQUITIES CORP.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 671 SO. OCEAN BLVD SIX RAMLAND RD		11b. City, State & Zip Code BOCA RATON FL ORANGEBURG NY 10962	
				11c. Registration/ Document Number J15471	
900002715589--5 -12/18/98--01028--017 *****526.25 *****526.25					
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 11/30/98					
Typed or Printed Name of General Partner Signing Form GROVE EQUITIES CORP Daytime Telephone Number 914-359-2500					

CR2E003 (8/98)