

2001 UNIFORM BUSINESS REPORT (UBR)

0013633 AF

DOCUMENT # A23893
 1. Entity Name
MEDORA GROVES LTD.

FILED

Principal Place of Business
 P.O. BOX 900596
 HOMESTEAD FL 33090

Mailing Address
 P.O. BOX 900596
 HOMESTEAD FL 33090

01 APR 23 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2756040** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~KROME, WM. H.~~
 15101 S.W. 200 ST.
 MIAMI FL 33187

7. Name and Address of New Registered Agent
 Name Medora K. Alleman
 Street Address (P.O. Box Number is Not Acceptable)
17845 S.W. 296 St.
 City Homestead, **FL** Zip Code 33030

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Medora K. Alleman, Limited Partner *Medora K. Alleman* 4-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,481,864.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$161,713.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	KROME, JOHN E.
STREET ADDRESS	1322 MALLORY CT.
CITY-ST-ZIP	NORFOLK VA
DOCUMENT #	
NAME	KROME, WM. H.
STREET ADDRESS	15101 S.W. 200TH ST.
CITY-ST-ZIP	MIAMI FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	488884162194
CITY-ST-ZIP	-05/08/01--01076--002
STREET ADDRESS	***526.25 ***526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *John E. Krome* 4-12-01 (757) 622-1794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)