


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009739 AT

DOCUMENT # A23893

1. Entity Name
MEDORA GROVES LTD.



FILED

03 APR 16 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

Mailing Address
P.O. BOX 900596
HOMESTEAD FL 33090



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

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

4/16

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

MEDORA K. ALEMAN
17845 S.W. 296 ST.
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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 STREET ADDRESS CITY-ST-ZIP	KROME, JOHN E. 1322 MALLORY CT. NORFOLK VA
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PHOEBE VON P. KROME 15101 S.W. 200TH ST. MIAMI FL 33187
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	400016104314 04/16/03-01025-013 **526.25
STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (10/02)

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: *Phoebe von P. Krome* **PHOEBE VON P. KROME** Phoebe von P. Krome 4-9-03 305-235-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #