


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A28485 1. Entity Name CHASE GROVES, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 23 AM 9:56

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04/02/04

Principal Place of Business 175 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751	Mailing Address 175 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2949448	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent LEERDAM, A. C. 175 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$8,462.44	10. Amount of Capital Contributions in FLORIDA to date.
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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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G99056900409	STREET ADDRESS	
NAME	EURO AMER. INVEST. GROUP D/B/A EUROCAPITAL	CITY-ST-ZIP	
STREET ADDRESS	175 LOOKOUT PLACE, SUITE 201		
CITY-ST-ZIP	MAITLAND, FL 32751		
DOCUMENT #		STREET ADDRESS	800030955878
NAME		CITY-ST-ZIP	03/23/04--01023--031 **585.49
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CITY-ST-ZIP			

#526.25

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/04

Date Daytime Phone #