2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A28485

1. Entity Name
CHASE GROVES, LTD.

05 APR -1 PM 3:48

MJH

Principal Place of Business	Mailing Address
175 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751	175 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751

03062005 Chg-LP CR2E003 (10/03) 4/1

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2949448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEERDAM, A. C. 175 LOOKOUT PLACE, SUITE 201 MAITLAND, FL 32751	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.	$8,462.44	10. Amount of Capital Contributions in FLORIDA to date.	15,275.61

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		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	800005004017 8
NAME		CITY-ST-ZIP	04/06/05--01063--019 **4.77
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NAME		CITY-ST-ZIP	04/06/05--01063--020 **243.37
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ A C Leerdam 3/10/05 407 645 5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #