


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A32273 1. Entity Name SEBASTIAN GROVE HOLDINGS, LTD.	
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FILED
2004 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02112004 Chg-LP CR2E003 (10/03)

Principal Place of Business 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH, FL 33401-6246	Mailing Address 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH, FL 33401-6246
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2. Principal Place of Business Suite, Apt. #, etc. Suite 120 City & State	3. Mailing Address Suite, Apt. #, etc. Suite 120 City & State
Zip Country	Zip Country

4. FEI Number 65-0288257	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent RHODES, PAUL 500 AUSTRALIAN AVENUE SOUTH, SUITE 120 WEST PALM BEACH, FL 33401-6246	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. \$1,050,000.00	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.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # J96487 NAME RHODES MANAGEMENT COMPANY, INC. STREET ADDRESS 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 CITY-ST-ZIP WEST PALM BEACH, FL 33401	STREET ADDRESS 500 Australian Ave So #120 CITY-ST-ZIP
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05/11/04 01071 000 **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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** _____ **Date** **Daytime Phone #**

STAPLE CHECK HERE