

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A32896					
1. Entity Name GREENLEAF VILLAGE OF GROVELAND LTD.					
Principal Place of Business 20721 SW 46 AVE 162 JIM PAYNE ROAD GROVELAND FL 34736			Mailing Address 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339		
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 59-3118403	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTOLAW, INC. 50 NORTH LAURA STREET, SUITE 2500 JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent Susan Adams Hallmark Group Services of Florida, LLC 4040 Newberry Road, Suite 1000 Gainesville, FL 32607	
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 <u>Susan Adams</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/18/04</u>	
9. Capital Contributions as Shown on record.		\$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000001595		STREET ADDRESS		
NAME	HALLMARK GROUP SERVICES OF FLORIDA, LLC		CITY-ST-ZIP		
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250				
CITY-ST-ZIP	ATLANTA GA 30339				
DOCUMENT #			STREET ADDRESS	400035801114	
NAME			CITY-ST-ZIP	05/10/04 01038 007 **150.00	
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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: <u>Mark W. Peto</u>			Date <u>3/3/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

STAPLE CHECK HERE