


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 14 AM 8:35

<b>DOCUMENT # A32912</b> 1. Entity Name HIDEAWAY IN THE GROVE, LTD.	
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Principal Place of Business 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176	Mailing Address 9095 S.W. 87 AVENUE, SUITE 777 MIAMI, FL 33176
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01102008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

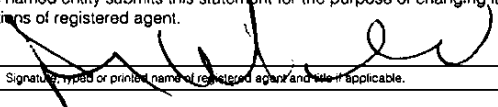
4. FEI Number 65-0389782	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MITCHELL, JAMES R. 9095 S.W. 87 AVENUE SUITE 777 MIAMI, FL 33176
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**DO NOT WRITE  
IN THIS SPACE**

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  No Change DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

600120879488  
03/21/08--01008--013 \*\*500.00

**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 #	V22770
NAME	FLORIDA PROPERTY MANAGEMENT & DEVELOPMENT,
STREET ADDRESS	9095 S.W. 87 AVENUE #777
CITY-ST-ZIP	MIAMI, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

James R. Mitchell 3/10/08  
305-270-0870

STAPLE CHECK HERE