

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000427**

1. Entity Name  
**GIFFORD GROVES, LTD.**



Principal Place of Business  
**5505 N. ATLANTIC AVENUE, SUITE 115**  
**COCOA BEACH, FL 32931**

Mailing Address  
**5505 N. ATLANTIC AVENUE, SUITE 115**  
**COCOA BEACH, FL 32931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3402133**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE**  
**5505 N. ATLANTIC AVENUE, SUITE 115**  
**COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record.

**\$2,830,340.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**P93000075715**  
**HERITAGE PARTNERS GROUP VIII, INC.**  
**5505 N. ATLANTIC AVENUE, SUITE 115**  
**COCOA BEACH, FL 32931**

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
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 STREET ADDRESS  
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**N98000000959**  
**NATIONAL DEVELOPMENT FOUNDATION INC**  
**4250 ALAFAYA TRAIL #212-330**  
**OVIDO, FL 327659424**

STREET ADDRESS  
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**000000096646**  
**03/26/04-80005-001 535.00**

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

**3/16/04**  
 Date

**321-799-4090**  
 Daytime Phone #

STAPLE CHECK HERE