

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 06, 2006 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**



DO NOT WRITE IN THIS SPACE

01042006 No Chg-LP

CR2E003 (11/05)

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**

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 # **P93000075715**
NAME **HERITAGE PARTNERS GROUP VIII, INC.**
STREET ADDRESS **5505 N. ATLANTIC AVENUE, SUITE 115**
CITY-ST-ZIP **COCOA BEACH, FL 32931**

DOCUMENT # **N9800000959**
NAME **NATIONAL DEVELOPMENT FOUNDATION INC**
STREET ADDRESS **4250 ALAFAYA TRAIL #212-330**
CITY-ST-ZIP **OVEDO, FL 327659424**

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

**000000422575
02/17/06-80023-006 508.75**

**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

DATE

Daytime Phone #