

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

City & State

Zip

Country

Zip

Country

04132007

Chg-LP

CR2E003 (12/06)

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 **KINCAID, JAMES**

Street Address (P.O. Box Number is Not Acceptable)

5505 N ATLANTIC Ave., # 108

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

James Kincaid

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

4/20/2007

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5505 N ATLANTIC Ave., # 108**

CITY-ST-ZIP

STREET ADDRESS **300103689629**

CITY-ST-ZIP

06/01/07--01014--002 **500.75

STREET ADDRESS **600103701576**

CITY-ST-ZIP

06/01/07--01014--002 **500.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

RA

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:

James Kincaid, James Kincaid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/2007

DATE

Daytime Phone #

321-799-4090

STAPLE CHECK HERE

FILED
 07 MAY 18 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

