

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008724  
AT

DOCUMENT # **A93000000427**

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



FILED

03 MAR 28 AM 9: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

**DUE BY MAY 1, 2003**

4. FEI Number **59-3402133**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

**2,830,340.00**

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

STREET ADDRESS

CITY-ST-ZIP

**400014844494**

DOCUMENT # **N98000000959**  
NAME **NATIONAL DEVELOPMENT FOUNDATION INC**  
STREET ADDRESS **4250 ALAFAYA TRAIL #212-330**  
CITY-ST-ZIP **OVIEDO FL 32765-9424**

STREET ADDRESS

CITY-ST-ZIP

**03/27/03--01029--010 \*\*535.00**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/25/03**

Date

Daytime Phone #

**321-799-4090**

CR2E003 (10/02)

START CHECK HERE