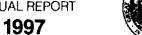
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

GROVES OF DELRAY, LTD.

1a. DOCUMENT # **A93000001188** FILED

97 JAN -6 AM 8: 59

SECRETARY OF STATE
TALLAHASSEE, FLORID



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Mailing Address 499 BOYNTON SAY CIRCLE BOYNTON BEACH FL 3303	DYNTON BAY CIRCLE -400 BOYNTON BAY CIRCLE.			3. Date Formed or Registered 04/16/1993	58. Capital Contributions as Shown on record.	
german parent is soon				3a. Date of Last Report 03/08/1996		int of Capital ibutions in FLORIDA
2. Mailing Address 1301 5. W. 10 Mine	2a. Principal Office Address 30 50			4. State or Country of Formation	10 date: 4263,000	
Suite, Apt. #, etc.				6. FEI Number 65-0329328	7	Applied For Not Applicable
Delray Beach Fl.	De/ray Best	h, Fr	<u>'</u>	7. Certificate of Status Desired		\$8.75 Additional Fee Required
33444 Country 5.A.	33444	Country	8. Make check payable to: Dept. of State (See reverse side for fee Information			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
HINNERS, THOMAS G		Name				
499 BOYNTON BAY CIRCLE BOYNTON BEACH FL 33435		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc.				
		City			FL	Zip Code
for the purpose of changing its registered office or a agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	of section 620.192, Florida Statules			DATE		
MUS1	BE REGISTERED AN	ID ACTIV	E WIT	H THIS OFFICE.		Registration/
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Document Number
GROVES OF DELRAY JOINT VENTU	499 BOYNTON BAY CIRCL		BOYNTON BEACH FL 3343		G94103900034	
				200002 -01/17 *****5	0 61! /970: 76.25	5223 1024019 ****576.25
					<u>.</u>	
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the						

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.