


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| 1. Name of Limited Partnership GROVES OF DELRAY, LTD. | | 1a. DOCUMENT # A93000001188 | | | |

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 DEC 30 PM 3:23 #112



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|---|--|---|--|---|--|
| Mailing Address 1301 SW 10 TH AVE DELRAY BCH FL 33444 | | Principal Office Address 1301 SW 10 TH AVE DELRAY BCH FL 33444 | | 3. Date Formed or Registered 04/16/1993 | 5a. Capital Contributions as Shown on record. \$4,263,000.00 |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 3a. Date of Last Report 01/06/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: \$4,263,000.00 |
| | | | | 4. State or Country of Formation FL | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | | | 6. FEI Number 65-0329328 | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | 7. Certificate of Status Desired <input type="checkbox"/> | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

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|--|--|---|--|
| 9. Name and Address of Current Registered Agent HINNERS, THOMAS G 499 BOYNTON BAY CIRCLE BOYNTON BEACH FL 33435 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 1301 SW 10th Avenue Suite, Apt. #, etc. Bldg. J City Delray Beach FL Zip Code 33444 | |
| 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | | DATE | |

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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| 11. Name(s) of General Partner(s) GROVES OF DELRAY JOINT VENTU | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 499 BOYNTON BAY CIRCLE | 11b. City, State & Zip Code BOYNTON BEACH FL 3343 | 11c. Registration/Document Number G94103900034 |
| 600002400466--9 -01/14/98--01103--019 *****541.25 *****541.25 | | | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of 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 690, Florida Statutes.

SIGNATURE *Tom Hinnert*
 Typed or Printed Name of General Partner Signing Form *Tom Hinnert*

DATE *12/26/97*
 Daytime Telephone Number *561-278-0015*

CR2E003 (6/97)