


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000001188</b> 1. Entity Name GROVES OF DELRAY, LTD.					
Principal Place of Business 1301 SW 10TH AVE BLDG. J DELRAY BCH, FL 33444			Mailing Address 1301 SW 10TH AVE BLDG. J DELRAY BCH, FL 33444		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0329328	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HINNERS, THOMAS G 1301 SW 10TH AVE, BLDG J DELRAY BCH, FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$4,263,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	G00243900458			STREET ADDRESS	
NAME	GROVES OF DELRAY JOINT VENTURE			CITY-ST-ZIP	
STREET ADDRESS	130 S.W. 10TH AVE., BLDG. J				
CITY-ST-ZIP	DELRAY BEACH, FL 33444				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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CITY-ST-ZIP					

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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:** Tom Hinnners **Tom Hinnners** 5/1/05 561-228-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #