


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A93000001188</b> 1. Entity Name GROVES OF DELRAY, LTD.	
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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
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2. Principal Place of Business - No P.O. Box # <u>777 E. Atlantic Ave</u> Suite, Apt. #, etc. <u>200</u> City & State <u>Delray Beach, FL 33483</u> Zip Country <u>33483</u>	3. Mailing Address <u>777 E. Atlantic Ave.</u> Suite, Apt. #, etc. <u>200</u> City & State <u>Delray Beach FL</u> Zip Country <u>33483</u>
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FILED

2008 MAY 16 A 10:57

SECRETARY OF STATE  
 FLORIDA

04282008 Chg-LP CR2E003 (12/06)

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 <u>Hinners, Thomas G. (UNCHANGED)</u> Street Address (P.O. Box Number is Not Acceptable) <u>777 E. Atlantic Ave</u> <u>Suite 200</u> City <u>Delray Beach</u> FL Zip Code <u>33483</u>
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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] DATE 4/28/08

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G00243900458	STREET ADDRESS	777 E. Atlantic Ave Suite 200
NAME	GROVES OF DELRAY JOINT VENTURE	CITY-ST-ZIP	Delray Beach, FL 33483
STREET ADDRESS	1301 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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STREET ADDRESS			
CITY-ST-ZIP			

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: [Signature] DATE 4/28/08 DAYTIME PHONE # 561-278-3901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE