

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012380 AT

DOCUMENT # **A93000001188**

1. Entity Name  
**GROVES OF DELRAY, LTD.**



FILED

2003 JAN -9 AM 11:32

DIVISION OF CORPORATIONS  
~~2003 RELEASED FLORIDA~~



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0329328**

Applied For  
Not Applicable

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

**HINNERS, THOMAS G**  
**1301 SW 10TH AVE, BLDG J**  
**DELRAY BCH FL 33444**

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

9. Capital Contributions as Shown on record. **\$4,263,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **G00243900458**  
NAME **GROVES OF DELRAY JOINT VENTURE**  
STREET ADDRESS **130 S.W. 10TH AVE., BLDG. J**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

STREET ADDRESS

CITY-ST-ZIP

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

1/7/03

Date Daytime Phone # **561-278-0033**

CR2E003 (10/02)