## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A9400000553  1. Entity Name IVEY GROVES, LTD.			OLYMAR 16 AM 10: 31			
	11 distances in the control of the c			4 13KH [ 0	ALT (U	31
Principal Place of Business 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789	Mailing Address P.O. BOX 2310 WINTER PARK, FL 32790-231	0				
2. Principal Place of Business 390 N. Orange Avenue	3. Mailing Address Post Office Box	4967				
Suite, Apt. #, etc. Suite 1100			02262004 Ch	g-LP (	CR2E003	(10/03)
City & State Orlando, Florida	City & State Orlando, Florida		4. FEi Number 59-3238964			Applied For Not Applicable
Zip Country 328019 USA  6. Name and Address of Current R	Zip Coun 32802-4961 - US	•	Certificate of Statu     Name and Address		Fee	.75 Additional Required
W & P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789		Street Address (	orate Servic P.O. Box Number is No cange Avenue	es of Ce	ntral	
		O#Mando			· .	Zip <b>3</b> 2801
8. The above named entity submits this statement for	the purpose of changing its register		ed agent, or both, in the	e State of Florida		
the obligations of registered agent.  SIGNATURE  SIGNAT	d bills if any limb lo 2 as \$ 1 in				3/1/	04
Signature, typed or printed name of registered agent an  9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contril in FLORIDA to date.		e president	<u>-                                      </u>	DATE	
A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY M					r_
12. GENERAL PARTNER				DRESS CHANG	<u> </u>	
DOCUMENT # P94000020397  NAME IVEY FAMILY HOLDINGS, INC.  STREET ADDRESS 2220 BOGGY CREEK ROAD		-ST-ZIP				
CITY-S1-ZIP KISSIMMEE, FL 34744  DOCUMENT #  NAME		ET ADDRESS	<b>900</b> 0 04/02/04-	03175	S <b>3:0</b> 5	59 %526, 25
STREET ADDRESS CITY-ST-ZIP	стту	-ST-ZIP	<u> </u>	<u>"-ij[]]bj</u>	<u> </u>	<u>#348.73</u>
DOCUMENT # NAME	STRI	ET ADDRESS	· • • • • • • • • • • • • • • • • • • •			* **
STREET ADDRESS CITY-ST-ZIP	CITY	-ST-ZIP				- Adam
DOCUMENT # NAME STREET ADDRESS	STRE	ET ADDRESS				
CITY-SI-ZIP DOCUMENT #		-ST-ZIP				
NAME STREET ADDRESS		-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
CITY-SY-ZIP  DOCUMENT #  NAME		EET ADDRESS				
STREE ADDRESS CITY-ST-ZIP	CITY	-ST-ZIP		•		
14. Thereby certify that the information supplied with t indicated on this report is true and accurate and it the receiver or trustee empowered to execute this	nat my signature shall have the same	e legal effect as if n	ection 119.07(3)(i), Florid nade under oath; that is	da Statutes. I furt am a General Pa	her certify t rtner of the	hat the information limited partnership or
SIGNATURE: By: Exercise	PRINTED NAME OF SIGNING GENERAL PARTIN	e ESther	-L. lvey 3	3/2/6<	Daylim	