


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 10 AM 11:18

DOCUMENT # A95000000598	
1. Entity Name HARVILL GROVES, LTD.	

Principal Place of Business H. DOYLE HARVILL 2611 BAYSHORE BLVD UNIT 607 TAMPA, FL 33629	Mailing Address H. DOYLE HARVILL 2611 BAYSHORE BLVD UNIT 607 TAMPA, FL 33629
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02272006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3306996	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
HARVILL, H. DOYLE 2611 BAYSHORE BLVD UNIT 607 TAMPA, FL 33629	

7. Name and Address of New Registered Agent	
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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #	L02000010346	STREET ADDRESS	
NAME	HARVILL GROVE MANAGEMENT I, LLC	CITY-ST-ZIP	
STREET ADDRESS	2611 BAYSHORE BLVD UNIT 607		
CITY-ST-ZIP	TAMPA, FL 336297360		
DOCUMENT #	L02000010344	STREET ADDRESS	
NAME	HARVILL GROVE MANAGEMENT II, LLC	CITY-ST-ZIP	
STREET ADDRESS	806 NEWPORT AVE., S.		
CITY-ST-ZIP	TAMPA, FL 336062938		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

200072372722  
 04/27/06 01034 010 \*\*500.00

STAPLE CHECK HERE

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: H. Doyle Harvill 4-6-06 813-254-5854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #