

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -2 AM 10:50

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01162007 Chg-LP CR2E003 (12/06)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3306996	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARVILL, H. DOYLE 2611 BAYSHORE BLVD UNIT 607 TAMPA, FL 33629	
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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, 2007, 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			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

600087873216
 02/09/07--01045--015 **\$900.00

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-29-'07

Date Daytime Phone #

813.254-5854

STAPLE CHECK HERE