


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 10 PM 1:33

DOCUMENT # A95000001906	
1. Entity Name TRIAD GROVES, LTD.	

Principal Place of Business 255 SO. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32801	Mailing Address C/O TED EDWARDS P.O. BOX 2254 ORLANDO, FL 32802-2254
--	---

2. Principal Place of Business 255 S. Orange Avenue	3. Mailing Address c/o W. Kelly Smith
--	--

Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. P.O. Box 2254
----------------------------------	--------------------------------------

City & State Orlando, FL	City & State Orlando, FL
-----------------------------	-----------------------------

Zip 32801	Country USA	Zip 32802-2254	Country USA
--------------	----------------	-------------------	----------------

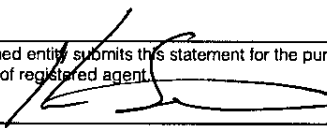
03052004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3358555	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent EDWARDS, TED B 255 SO. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32781	
--	--

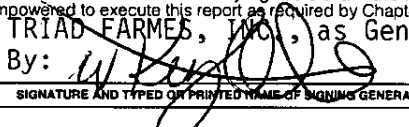
7. Name and Address of New Registered Agent	
Name Kevin K. Smith	
Street Address (P.O. Box Number is Not Acceptable) 255 S. Orange Avenue	
Suite 800	
City Orlando	FL Zip Code 32801

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 	Kevin K. Smith 3/5/04
Signature, typed or printed name of registered agent and title if applicable. DATE	

9. Capital Contributions as Shown on record. \$6,000.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

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 #	P95000092332	STREET ADDRESS	
NAME	TRIAD FARMS, INC.	CITY-ST-ZIP	300031587063 04/01/04--01007--006 **141.25
STREET ADDRESS	255 SO. ORANGE AVENUE, SUITE 800		
CITY-ST-ZIP	ORLANDO, FL 32801		
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			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: 	By: W. Kelly Smith, Director 3/5/04 407-843-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #	

STAPLE CHECK HERE