

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # A97000000231 1. Entity Name THE DURRANCE GROVES LIMITED PARTNERSHIP	
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Principal Place of Business 3619 COLLEGE HILL ROAD BOWLING GREEN, FL 33834	Mailing Address 3619 COLLEGE HILL ROAD BOWLING GREEN, FL 33834
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01242008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0763235	Applied For 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 DURRANCE, MARY LOUISE 3619 COLLEGE HILL ROAD BOWLING GREEN, FL 33834

**DO NOT WRITE
IN THIS SPACE**

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, 2008, Fee will be \$800.00

U00000805219
02/05/08-80099-018 500.00

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	
DOCUMENT #	
NAME	DURRANCE GROVE MANAGEMENT, LLC
STREET ADDRESS	3067 COLLEGE HILL ROAD
CITY-ST-ZIP	BOWLING GREEN, FL 33834
DOCUMENT #	
NAME	DURRANCE, DANNY D
STREET ADDRESS	3067 COLLEGE HILL ROAD
CITY-ST-ZIP	BOWLING GREEN, FL 33834
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Danny Durrance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/08 (863) 773-3432
Date Daytime Phone #

STAPLE CHECK HERE