


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002727	
1. Entity Name MARGARET S. HENDERSON GROVES, LTD.	

Principal Place of Business HIGHWAY 64 EAST WAUCHULA, FL 33873	Mailing Address P.O. BOX 698 WAUCHULA, FL 33873
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04222005	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0721660		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		7. Name and Address of New Registered Agent	
HENDERSON, MARGARET S 2237 ST RD RD 64 - EAST WAUCHULA, FL 33873		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 Margaret S. Henderson DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,238,250.00	10. Amount of Capital Contributions in FLORIDA to date. 1,238,250. 526.25
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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 #	HENDERSON, MARGARET S	STREET ADDRESS	
NAME	2237 ST RD 64 - EAST	CITY-ST-ZIP	
STREET ADDRESS	WAUCHULA, FL 33873		
CITY-ST-ZIP		STREET ADDRESS	11000000362457
		CITY-ST-ZIP	05/05/05-80116-022 526.25
DOCUMENT #	BROWN, LYNNE	STREET ADDRESS	
NAME	ROUTE 2, BOX 185	CITY-ST-ZIP	
STREET ADDRESS	LAKE PROVIDENCE, LA 71254		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Margaret S. Henderson 4-15-05 863-773-9469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #