

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**

FILED

2003 FEB -3 PM 12:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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

**HENDERSON, MARGARET S
2237 ST RD RD 64 - EAST
WAUCHULA FL 33873**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$1,238,250.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 2237 ST RD 64 - EAST WAUCHULA FL 33873	STREET ADDRESS	
NAME		CITY-ST-ZIP	700011621587
CITY-ST-ZIP			02/03/03--01085--024 **526.25
DOCUMENT #	BROWN, LYNN H ROUTE 2, BOX 185 LAKE PROVIDENCE LA 71254	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-14-03 863-7739469
Date Daytime Phone #

0014761 AT

CR2E003 (10/02)

STAPLE CHECK HERE