FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 JAN 29 PM 1:41

1. Name of Limited Partnership

1a. DOCUMENT # A98000000373

GROVE POINT PARTNERS AT METROWEST, LTD.

Mailing Address	Principal Office Address
~~753 EAST GLENN AVENUE~~	753 EAST GLENN AVENUE
~~AUBURN AL 36831~~	AUBURN AL 36831

3. Date Formed or Registered: 02/09/1998

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $10,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address: P.O. Box 1088
Suite, Apt. #, etc:
City & State: Auburn, Alabama
Zip: 36831-1088 Country: USA

2a. Principal Office Address
Suite, Apt. #, etc
City & State
Zip Country

6. FEI Number: 58-2371190 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make Check Payable to Dept. of State (See reverse side for fee information)

9. **Name and Address of Current Registered Agent**

BUILDER, J. LINDSAY JR.
C/O GRAHAM, CLARK, ET AL
369 NORTH NEW YORK AVE., 3RD FLOOR
WINTER PARK FL 32789

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. # etc
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
GROVE POINT AT METROWEST, IN	753 EAST GLENN AVE.	AUBURN AL 36831	P98000012715

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-02/04/99--01019--005
****141.25 ****141.25

000000276440O---4
-02/04/99--01019--006
*****17.50 *****17.50

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information is applied for, deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Richard U. Sharman DATE 12/28/98

Typed or Printed Name of General Partner Signing Form: Richard U. Sharman Daytime Telephone Number: (334) 821-0928

CR2E078 (8/98)