


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	
1. Name of Limited Partnership GROVE PROPERTIES LIMITED		1a. DOCUMENT # A98000002788	
Mailing Address 100 East 1st Avenue Tallahassee, Florida 32303		Principal Office Address 100 East 1st Avenue Tallahassee, FL 32303	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 12/17/98	
		3a. Date of Last Report	
		4. State or Country of Formation Leon	
		5a. Capital Contributions as Shown on record \$3,500,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date \$3,000,000	
		6. FFI Number 59-3545986	
		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		8. Make check payable to Dept. of State (See reverse side for fee information) <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent John K. Aurell 227 S. Calhoun Street Tallahassee, FL 32301		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) Mary Call Darby Collins John K. Aurell	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 East 1st Avenue 920 Live Oak Plantation	11b. City, State & Zip Code Tallahassee, FL 32303 Tallahassee, FL 32312	11c. Registration/ Document Number 200002786432--9 -02/25/99--01002--022 ****528.25 ****526.25 A-2-25
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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is 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 <i>Mary Call Darby Collins</i> Typed or Printed Name of General Partner Signing Form Mary Call Darby Collins		DATE 2-2-98 Daytime Telephone Number (850) 224-5723	

CR2E003 (8/98)