


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A98000002788</b><br>1. Entity Name<br><b>GROVE PROPERTIES LIMITED</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>100 EAST 1ST AVENUE<br/>TALLAHASSEE FL 32303</b> | Mailing Address<br><b>100 EAST 1ST AVENUE<br/>TALLAHASSEE FL 32303</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E003 (11/03)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-3545986</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>AURELL, JOHN K<br/>227 SOUTH CALHOUN STREET<br/>TALLAHASSEE FL 32301</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$3,500,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|--|

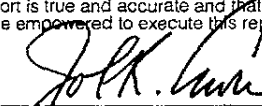
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |  | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|--|--------------------------|--|
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  | COLLINS, MARY CALL D                                 | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | 100 EAST 1ST AVENUE<br>TALLAHASSEE FL 32303          |                          |  |
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  | AURELL, JOHN K                                       | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | 1225 LIVE OAK PLANTATION RD.<br>TALLAHASSEE FL 32312 |                          |  |
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |  |                          |  |
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |  |                          |  |
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |  |                          |  |

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02/23/04-80027-006 526.25

STAPLE CHECK HERE

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:**  **JOHN K. AURELL** **2/3/04** **850-425-5426**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #