

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A98000002788 1. Entity Name GROVE PROPERTIES LIMITED	
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Principal Place of Business 100 EAST 1ST AVENUE TALLAHASSEE FL 32303	Mailing Address 100 EAST 1ST AVENUE TALLAHASSEE FL 32303
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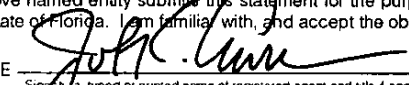
2. Principal Place of Business P.O. Box 391	3. Mailing Address P.O. Box 391
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32302	Zip 32302
Country	Country


1ST MOORE CR2E003 (10/04)

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

6. Name and Address of Current Registered Agent AURELL, JOHN K 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301	
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  **3/9/05**
Date

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$3,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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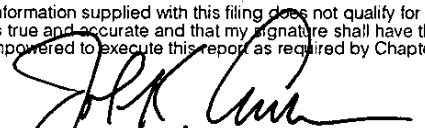
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500049241435 03/28/05--01009--027 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 520, Florida Statutes.

SIGNATURE:  **3/9/05** **850-425-5426**
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER