

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:44

DOCUMENT # A98000002788

1. Entity Name

GROVE PROPERTIES LIMITED



Principal Place of Business

~~PO BOX 991~~
 TALLAHASSEE FL 32302

Mailing Address

~~PO BOX 391~~
 TALLAHASSEE FL 32302



2. Principal Place of Business

P.O. Box 13505

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13505

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/05)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3545986

Applied For

Not Applicable

Zip

32317

Country

Zip

32317

Country

5. Certificate of Status Desired ☐

\$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

JOHN K. AURELL

Street Address (P.O. Box Number is Not Acceptable)

1225 Live Oak Plantation Rd.

City

Tallahassee

FL

Zip Code

32312

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

John K. Aurell

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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

AURELL, JOHN K

STREET ADDRESS

1225 LIVE OAK PLANTATION RD.

CITY-ST-ZIP

TALLAHASSEE FL 32312

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200065854082

02/14/06--01056--016 **500.00

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JOHN K. AURELL

1/27/06

870-576-8001

STAPLE CHECK HERE