


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
08 FEB 19 PM 4:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # A98000002788 1. Entity Name GROVE PROPERTIES LIMITED |  |
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| Principal Place of Business PO BOX 13505 TALLAHASSEE, FL 32317 | Mailing Address PO BOX 13505 TALLAHASSEE, FL 32317 |
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| 2. Principal Place of Business - No P.O. Box # 1225 Live Oak Plantation Rd. | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State Tallahassee, FL | City & State Suite, Apt. #, etc. |
| Zip 32312 | Country USA |

01182008 Chg-LP CR2E003 (12/06)

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

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| 6. Name and Address of Current Registered Agent AURELL, JOHN K 1225 LIVE OAK PLANTATION RD TALLAHASSEE, FL 32312 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # | AURELL, JOHN K 1225 LIVE OAK PLANTATION RD. TALLAHASSEE, FL 32312 | STREET ADDRESS | <div style="border: 1px solid black; padding: 5px;"> 400117965844 02/13/08--01029--001 **500.00 </div> |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| | | 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:  **02/08/08** **(850) 385-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

John K. Aurell

STAPLE CHECK HERE