

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000001506

1. Entity Name  
MBS - THE GROVE, LTD.



Principal Place of Business  
ONE GALLERIA BLVD., SUITE 1950  
MATAIRIE, LA 70001

Mailing Address  
ONE GALLERIA BLVD., SUITE 1950  
MATAIRIE, LA 70001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004 Chg-LP CR2E003 (10/03)

4. FEI Number  
72-1452405

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMUCK, MICHAEL B  
2320 SOUTH CONWAY ROAD  
ORLANDO, FL 32812

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

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

DATE

9. Capital Contributions as Shown on record. \$1,197,900.00

10. Amount of Capital Contributions in FLORIDA to date. 1,197,900

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 # L99000005785  
NAME 2320 SOUTH CONWAY, L.L.C.  
STREET ADDRESS 2320 SOUTH CONWAY ROAD  
CITY-ST-ZIP ORLANDO, FL 32812

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000136226  
04/29/04-800003-001 526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

STAPLE CHECK HERE