

2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005

FILED

05 NOV -2 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

05092005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
72-1452405

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. \$1,197,900.00

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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

200061141832  
11/03/05--01048--003 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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M. Thomas NOV - 2 2005

REINSTATEMENT 2005

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 #

10/10/05

STAPLE CHECK HERE