


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 7, 2005**

DOCUMENT # B98000000670 1. Entity Name HOWARD ROAD GROVE, L.P.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 11 AM 11:14	
Principal Place of Business 87 ANDOVER LANE WILLIAMSVILLE NY 14221				Mailing Address 87 ANDOVER LANE WILLIAMSVILLE NY 14221			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1103 Suite, Apt. #, etc.		2nd MOORE CR2E003 (5/05)			
City & State		City & State SANIBEL, FLORIDA		4. FEI Number 16-1559084		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip B3957	Country UK	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>			
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.				11. FILE NOW!!! Due by September 7, 2005! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.		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 # F98000006410 NAME HMG, INC. STREET ADDRESS 87 ANDOVER LANE CITY-ST-ZIP WILLIAMSVILLE NY 14221				STREET ADDRESS P.O. Box 1103 CITY-ST-ZIP SANIBEL ISLAND, FL. 33957			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP 200058887202 08/23/05--01041--025 **52.50			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP 200058887202 08/23/05--01041--026 **88.75			
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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: <u>R. J. GALVIN FOR THE PARTNERSHIP 8/1/05</u> 239-565-1332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE