

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A98000001210

1. Entity Name
ARNOLD GROVES AND RANCH, LTD. LLP



FILED

2005 MAY 11 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15625 FRANK JERRELL ROAD
CLERMONT, FL 34711

Mailing Address
15625 FRANK JERRELL ROAD
CLERMONT, FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005 REIN-LP CR2E100 (6/04)

4. FEI Number
59-3517479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, JOHN R JR
15625 FRANK JERRELL ROAD
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

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: \$3,586,403.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P97000105848
NAME JOHN R. ARNOLD, INC.
STREET ADDRESS 666 SEMINOLE DRIVE, NE
CITY- ST- ZIP WINTER PARK, FL 32789

STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME ARNOLD, JOHN R
STREET ADDRESS 666 SEMINOLE DRIVE, NE
CITY- ST- ZIP WINTER PARK, FL 32789

STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

500055718105
06/03/05--01048--025 **1052.50

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:

John R. Arnold, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/05 (407) 896-0020
Date Daytime Phone #

STAPLE CHECK HERE