2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 25 AM 10:33

DOCUMENT # A25183

1. Entity Name
SKYTOP GROVE, LTD.

Principal Place of Business	Mailing Address
12515 LAKE BAYNAK CT. WINDERMERE, FL 34786	P.O. BOX 289 WINDERMERE, FL 34786

10202005 REIN-LP CR2E100 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Lake Baynak Court	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2030827 ☐ 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
HAWTHORNE, CHARLES E. JR. 12515 LAKE BAYNAK CT. WINDERMERE, FL 34786	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 _____ DATE
Signature, typed or printed name of registered agent and Title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$33,500.00	

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 #		STREET ADDRESS	000005091 7830
NAME	DOWLING, RICHARD O.	CITY-ST-ZIP	10/25/05--01036--013 **823.25
STREET ADDRESS	7105 S.W. 96TH ST.		
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	
NAME	HAWTHORNE, CHARLES E. JR	CITY-ST-ZIP	
STREET ADDRESS	12515 LAKE BUYNAK CT.		
CITY-ST-ZIP	WINDERMERE, FL		
DOCUMENT #		STREET ADDRESS	REINSTATEMENT 2005
NAME	LYONS, DOUGLAS S.	CITY-ST-ZIP	
STREET ADDRESS	3093 O'BRIEN DRIVE		
CITY-ST-ZIP	TALLAHASSEE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 10/19/05 (321)948-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #