


2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A03000001152		
1. Entity Name SCANLON & CROYLE, L.L.P.		

Principal Place of Business 370 W. CAMINO GARDENS BLVD, #300 BOCA RATON, FL 33432	Mailing Address 370 W. CAMINO GARDENS BLVD, #300 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 JAN 11 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052007 REIN-LP CR2E100 (1/07)

4. FEI Number 14-1893843		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCANLON, LAWRENCE J 370 W. CAMINO GARDENS BLVD, #300 BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00
After January 1, 2008, Fee will be \$1000.00

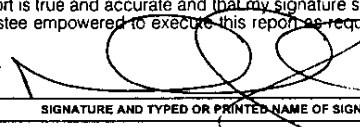
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	CROYLE, PHILIP J 370 W. CAMINO GARDENS BLVD, #300 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000016501 SCANLON & CO. LLC 370 W. CAMINO GARDENS BLVD, #300 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	600115146366 01/15/08--01/01/08 **500.00
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REINSTATEMENT 2007 

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Philip J. Croyle 1/4/08 561.362.4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE