


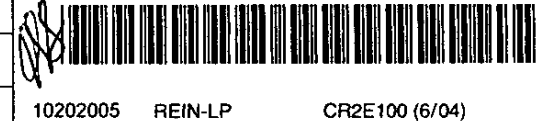
# 2005 LIMITED PARTNERSHIP REINSTATEMENT

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

DOCUMENT # A25183 1. Entity Name SKYTOP GROVE, LTD.	
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Principal Place of Business 12515 LAKE BAYNAK CT. WINDERMERE, FL 34786	Mailing Address P.O. BOX 289 WINDERMERE, FL 34786
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2. Principal Place of Business Suite, Apt. #, etc. <i>Lake Buynak Court</i>	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10202005 REIN-LP	CR2E100 (6/04)
4. FEI Number 59-2030827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWTHORNE, CHARLES E. JR. 12515 LAKE BAYNAK CT. WINDERMERE, FL 34786	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$33,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	DOWLING, RICHARD O. 7105 S.W. 96TH ST. MIAMI, FL	STREET ADDRESS CITY-ST-ZIP	000060917890 10/25/05--01036--013 **823.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HAWTHORNE, CHARLES E. JR. 12515 LAKE BUYNAC CT. WINDERMERE, FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LYONS, DOUGLAS S. 3093 O'BRIEN DRIVE TALLAHASSEE, FL	STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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 #