2007

~~2006~~ LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, ~~2006~~ 2007

DOCUMENT # A25183

1. Entity Name
SKYTOP GROVE, LTD.

FILED
07 JUN -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

04282006 No Chg-LP CR2E003 (11/05)

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

HAWTHORNE, CHARLES E. JR.
12515 LAKE BAYNAK CT.
WINDERMERE, FL 34786

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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.

600104218516
06/11/07--01032--011 **500.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

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	
DOCUMENT #	
NAME	DOWLING, RICHARD O.
STREET ADDRESS	7105 S.W. 96TH ST.
CITY-ST-ZIP	MIAMI, FL
DOCUMENT #	
NAME	HAWTHORNE, CHARLES E. JR
STREET ADDRESS	12515 LAKE BUYNAK CT.
CITY-ST-ZIP	WINDERMERE, FL
DOCUMENT #	
NAME	LYONS, DOUGLAS S.
STREET ADDRESS	3093 O'BRIEN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 5/1/07 (321) 948-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Daytime Phone #