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Florida Department of State

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575**LIMITED PARTNERSHIP REINSTATEMENT****COLLIER GROVES, LTD.**

Certificate of Status	0
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Page Count	023
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A30257			
1. Name of Limited Partnership Collier Groves, Ltd 4210 Metro Parkway, Suite 250 Ft. Myers, FL 33916			
2. Principal Office Address 4210 Metro Parkway Suite, Apt. #, etc. Suite 250 City & State Ft. Myers, FL Zip 33916		3. Mailing Office Address 4210 Metro Parkway Suite, Apt. #, etc. Suite 250 City & State Ft. Myers, FL Zip 33916	
4. Date Formed or Registered To Do Business in Florida 06/25/1990		5. FBI Number 650201843	
6. Certificate of Status Desired ☐ ☒		7a. Capital Contributions as shown on Records \$100,000,000	
7b. Amount of Capital Contributions in FLORIDA to date: 0		FEE:	
8. Name and Address of Current Registered Agent Name Richard Choma Street Address (P.O. Box Number is Not Acceptable) 4210 Metro Parkway Suite, Apt. #, etc. Suite 250 City Ft. Myers State FL Zip Code 33916		9. Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 7a, with a minimum filing fee of \$35.00 and a maximum of \$457.50, for which must state this office. 10. Supplemental Filing: \$14.75 for each year, starting with the calendar year. 11. Penalty Fee: \$100 penalty fee for each year that item is due. If the amount entered in 7a is greater than amount entered in 7b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
12. Pursuant to the provisions of sections 600.1001 and 600.1002, Florida Statutes, any owner-owned limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or agent, or both, in the State of Florida. Such change is authorized by its general partner(s) (hereby accept the appointment of registered agent) I am familiar with, and accept the obligations of section 600.1001 Florida Statutes.			
13. SIGNATURE (Registered Agent Accepting Appointment) Richard Choma VP/CAO DATE 12/9/05			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use P.O. Box or Mailing)	City, State and Zip Code	11. Registration Document Number
Collier Groves Management, L.L.C.	4210 Metro Parkway, Suite 250	Ft. Myers, FL 33916	198000002991
REINSTATEMENT			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
14. I, as hereby certify that the information supplied was true (this is voluntarily furnished and does not qualify for the exemption shown in Section 118.07(2)(c), Florida Statutes. I declare the Division of Corporations from any liability of non-compliance with Section 118.07(2)(d) in the event that the information supplied is obtained through public access. I further certify that the information submitted on this report is true and accurate and that the information shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or partner-employee in association with report as provided in section 600.1002, Florida Statutes.			
SIGNATURE Charles Veltman		DATE 12/9/05	
Typed or Printed Name of General Partner Signing Form		Telephone Number	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 14, 2005

FLORIDA DEPARTMENT OF STATE

Division of Corporations

COLLIER GROVES LIMITED PARTNERSHIP

4210 METRO PARKWAY

SUITE 250

FORT MYERS, FL 33916

SUBJECT: COLLIER GROVES LIMITED PARTNERSHIP

REF: B01000000106

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This company is active on our records. The reinstatement is not needed.

Please return your document, along with a copy of this letter, within 90 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

FAX Aud. #: H05000284683
Letter Number: 305A00071815

★ This is for ~~DD~~ # A30257

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