

3078.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 15 AM 11:10

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A33424

1. Name of Limited Partnership

RAIN CROW GROVES, LTD

2. Principal Office Address

233 Barton Avenue

3. Mailing Office Address

Same as 2

4. Date Formed or Registered  
To Do Business in Florida

09/17/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2016367

Applied For

Not Applicable

City & State

Palm Beach FL

City & State

Zip

33480

Country

Palm Beach

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

2875 Application Form - Instructions  
for All Applications

7a. Capital Contributions as shown on Record:

100%

7b. Amount of Capital Contributions in FLORIDA to date

99,000.00

8. Name and Address of Current Registered Agent

Name

William L. Waide

Street Address (P.O. Box Number is Not Acceptable)

233 Barton Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

FEE'S:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
  - 2.) Supplemental Fee(s): \$66.75 for each year due this office, beginning with 1992 calendar year.
  - 3.) Penalty Fee(s): \$500 penalty fee for each year (month) in delinquency.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named 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 registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

100057766781

07/21/05--01078--011 \*\*2052.50

DATE

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 Post Office Box Numbers)

City, State and Zip Code

10a.

Registration  
Document Number

William L. Waide

233 Barton Avenue

Palm Beach, FL 33480

100057766781

07/21/05--01078--010 \*\*2052.50

REINSTATEMENT 03-05

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature has the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

*William L. Waide*

DATE

5-11-05

Typed or Printed Name of General Partner Signing Form

Telephone Number