A93000001417

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 17 PM 5:00

DOCUMENT # A93000001417

1. Name of Limited Partnership

HAWLEY ROAD LIMITED PARTNERSHIP

4/15/94

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Form To Be Registered To Do Business in Florida: 1994
34 Mollbrook Drive	321 S. Second Street	5. FEI Number: ☐ Applied For ☐ Not Applicable
Suite, Apt. # etc.	Suite, Apt. # etc.	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
City & State: Wilton, CT	City & State: Fort Pierce, FL	7. State or Country of Formation: St. Lucie, FL
Zip: 06897 County:	Zip: 34950 County: St. Lucie	

8a. Gross Contributions as Shown on Prior Report: $971,411.00

8b. Amount of Gross Contributions in FLORIDA to date: $971,411.00

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

Edward W. Becht
321 S. Second Street
Fort Pierce, FL 34950

10. If changed, new registered agent/office

Name:

Street Address (P.O. Box Number(s) Is Not Acceptable):

Suite, Apt. # etc.:

City: FL Zip Code:

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-05/24/99--01016--007
***6157.50 ***6157.50

10a. 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's Accepting Appointment): Edward W Becht DATE:

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Savinelli Groves, Inc.	321 S. Second St.	Fort Pierce, FL 34950	S21127 (3)

PENALTY - 3,000.00
AR - 2625.00
ARSWP - 532.50
$ 6,157.50

REINSTATEMENT 1994-1999

BK

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 shall have 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: Savinelli Groves, Inc. by Emilio Savinelli Pres. DATE: 5/11/99

Typed or Printed Name of General Partner Signing Form

Telephone Number: 561-465-5500

CR2E039 (12/98)