

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED

DOCUMENT # A95000001987

1. Entity Name  
THE PLASKOVE FAMILY LIMITED PARTNERSHIP



05 APR 18 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10375 SAWPIT ROAD  
JACKSONVILLE, FL 32226

Mailing Address  
908 N. LOXAHATCHEE DR.  
JUPITER, FL 33458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232005 REIN-LP CR2E100 (6/04)

4. FEI Number

65-0629298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, CRAIG I ESQUIRE  
908 N. LOXAHATCHEE DR.  
JUPITER, FL 33458

Name

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

City

FL

Zip Code

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,326,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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 # P97000066492  
NAME ANDOVER MANAGEMENT COMPANY, INC.  
STREET ADDRESS 10375 SAWPIT ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32226

STREET ADDRESS

CITY-ST-ZIP

200053919982  
05/05/05--01052--001 \*\*1052.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200053919982  
05/05/05--01052--002 \*\*1000.00

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STREET ADDRESS

CITY-ST-ZIP

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:

Craig I. Kelley, V.P. of General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/05

(561)491-1200

Date Daytime Phone #

STAPLE CHECK HERE

2004-2005  
REINSTATEMENT