

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 30 AM 8:56

DOCUMENT # A96000002116



1. Entity Name  
J & R GRANDCHILDREN, LTD.

Principal Place of Business  
OCEAN REEF CLUB  
33 CARDINAL LANE  
KEY LARGO, FL 33037

Mailing Address  
% GREGORY M VASEL CPA/SCHIAVONE CONSTRUCTION  
150 MEADOWSLANDS PARKWAY, 3RD FLOOR  
SECAUCUS, NJ 07094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162005 REIN-LP CR2E100 (6/04)

4. FEI Number  
22-3473295

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

SCHIAVONE, JEAN R  
OCEAN REEF CLUB  
33 CARDINAL LANE  
KEY LARGO, FL 33037

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

REINSTATEMENT 04-05

9. Capital Contributions  
as Shown on record. \$350,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # G96313900052  
NAME THE JEAN R. SCHIAVONE LIVING TRUST  
STREET ADDRESS 33 CARDINAL LANE  
CITY-ST-ZIP KEY LARGO, FL 33037

STREET ADDRESS

CITY-ST-ZIP

300057345542

07/12/05--01037--014 \*\*2052.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Jean R. Schiavone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/7/05

Date

201-867-5010 ext 7111

Daytime Phone #

STAPLE CHECK HERE