## **2005 LIMITED PARTNERSHIP REINSTATEMENT**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

STAPLE CHECK HERE

2005	LIMITED PARTNEI	RSHIP REINST		SECO	FILE			
DOCUMENT # A9900001652						DIVISION O	ARY OF S F CCRPOR	TATE
OLD POST ROAD GROUP LIMITED PARTNERSHIP						05 SEP 2	9 AM IO:	22
Principal Place of Business Mailing Address 16000 WINDRIFT DRIVE 16000 WINDRIFT DRIVE			<u> </u>		1			23
JUPITER, FL		JUPITER, FL 33477				IPI(A (A(1): API)): SR)() FT	iri 691# 69161 ilsin 6	ICERE RITTE METETE EN TEUE
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09282005	REIN-LP	CR2E100	
City & State		City & State			4. FEI Numbe			Applied For Not Applicable
Zip	Country	Zip	Coun	try		of Status Desired	Fee	1.75 Additional Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
DEWEES, LEDYARD H 270 N.W. 3RD COURT				Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON, FL 33432								
				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.								
9. Capital Contributions as Shown on record. \$6,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. 675,000 9- 29 - 2005						05		
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	13.	,		ADDRESS CH			
DOCUMENT / NAME	DUBOIS, MALCOLM			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	16000 WINDRIFT DRIVE JUPITER, FL 33477		CITY	-ST-ZIP	16 2005			
DOCUMENT / NAME	HEDRICK, PAUL			ET ADDRESS	1.0 10719	10060° 20501039	5780± }001 *	⇒1 ⊛1026.25
STREET AODRESS CITY-ST-ZIP	15254 71ST DRIVE NORTH PALM BEACH GARDENS, FL 33418			-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADORESS			<u></u>	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
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DOCUMENT / NAME			STRE	ET ADDRESS				
STREST ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP				
14. In 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								