

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A01000000231

1. Entity Name

THE NORTHROP FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 12 AM 10:18

Principal Place of Business

10882 EGRET POINT LANE
WEST PALM BEACH FL 33412-1538

Mailing Address

10882 EGRET POINT LANE
WEST PALM BEACH FL 33412-1538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1084774

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

FLEMING, JOSEPH M ESQ.
4100 RCA BOULEVARD
PALM BEACH GARDENS FL 33410

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.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,000,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
NORTHROP, C. ARTHUR TRUSTEE
10882 EGRET POINT LANE
WEST PALM BEACH FL 33412

STREET ADDRESS

CITY-ST-ZIP

688828682756
02/12/04--01051--018 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
NORTHROP, ELLEN M TRUSTEE
10882 EGRET POINT LANE
WEST PALM BEACH FL 33412

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
NAJARIAN, ELLEN JOAN
301 SPRING HILL ROAD
SKILLMAN NJ 08558

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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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:

C Arthur Northrop

C ARTHUR NORTHROP

Date

2/6/2004

Daytime Phone #

561-622-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER