

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A01000000231

1. Entity Name
THE NORTHROP FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -9 AM 11:21

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

02072005 Chg-LP CR2E003 (10/03)

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 **FLEMING, JOSEPH M ESQ**
Street Address (P.O. Box Number is Not Acceptable)
11891 US HIGHWAY ONE, SUITE 100
City **NORTH PALM BEACH** FL Zip Code **33408**

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 file if applicable.

DATE

9. Capital Contributions as Shown on record. **\$7,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$7,000,000.00**

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

STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS
CITY-ST-ZIP

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NAME
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400046707134
02/16/05--01007--012 **526.25

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 B.F.

2/7/5

561-622-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE