

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000231

1. Entity Name
THE NORTHROP FAMILY LIMITED PARTNERSHIP



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



01272006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

FLEMING, JOSEPH M ESQ.
11891 US HIGHWAY ONE
SUITE 100
NORTH PALM BEACH, FL 33408

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/07/06-80104-016 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TR C ARTHUR NORTHROP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/28/06

Date

561-622-5688

Daytime Phone #

STAPLE CHECK HERE