

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JAN 16 AM 9:16

**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-LP CR2E003 (12/06)

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, 2007, 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	<b>NORTHROP, C. ARTHUR TRUSTEE</b>
STREET ADDRESS	<b>10882 EGRET POINT LANE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33412</b>
DOCUMENT #	
NAME	<b>NORTHROP, ELLEN M TRUSTEE</b>
STREET ADDRESS	<b>10882 EGRET POINT LANE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33412</b>
DOCUMENT #	
NAME	<b>NAJARIAN, ELLEN JOAN</b>
STREET ADDRESS	<b>135 EAST MULBERRY DRIVE</b>
CITY-ST-ZIP	<b>301 SPRING HILL ROAD SKILLMAN, NJ 08558 MILFORD PA 18337</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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01/18/07--01037--012 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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, G.P.*

**C. ARTHUR NORTHROP**

**1/10/2007**

**561-622-5688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #