


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # A01000000231 1. Entity Name THE NORTHROP FAMILY LIMITED PARTNERSHIP	
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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
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1084774	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 STREET ADDRESS CITY - ST - ZIP	NORTHROP, C. ARTHUR TRUSTEE 10882 EGRET POINT LANE WEST PALM BEACH, FL 33412
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	NORTHROP, ELLEN M TRUSTEE 10882 EGRET POINT LANE WEST PALM BEACH, FL 33412
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	NAJARIAN, ELLEN JOAN 135 EAST MULBERRY DRIVE MILFORD, PA 18337
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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01/28/08-80041-021 500.00

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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 **CARTHUR NORTHROP** 1/18/8 622-5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE