

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000231

1. Entity Name
THE NORTHROP FAMILY LIMITED PARTNERSHIP



FILED

03 FEB -6 PH 4:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
10882 EGRET POINT LANE
WEST PALM BEACH FL 33410 33412-1538

Mailing Address
10882 EGRET POINT LANE
WEST PALM BEACH FL 33410 33412-1538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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.
450 ROYAL PALM WAY, 6TH FLOOR
PALM BEACH FL 33480

Name
FLEMING, JOSEPH M ESQ

Street Address (P.O. Box Number is Not Acceptable)
4100 RCA BOULEVARD

City PALM BEACH GARDENS FL Zip Code 33410

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.

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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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 G.P.*
SIGNATURE REQUIRED

2/3/3

561-622-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
C. ARTHUR NORTHROP G.P.

Date

Daytime Phone #

CR2E003 (10/02)