2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 JUL 30 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000364

1. Entity Name
STAPLETON LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2697 S.W. WESTLAKE CIRCLE PALM CITY, FL 34990	2697 S.W. WESTLAKE CIRCLE PALM CITY, FL 34990

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07192004 Chg-LP CR2E003 (10/03)

4. FEI Number 26-0065023 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEANE, GREGORY G ESQ.
1000 S.E. MONTEREY COMMONS BLVD., STE. 202
STUART, FL 34996

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. $2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,352,296 926.25

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 #	P03000022607	STREET ADDRESS	
NAME	F.J. STAPLETON, JR., INC.		
STREET ADDRESS	2697 S.W. WESTLAKE CIRCLE	CITY-ST-ZIP	400039951374 08/06/04--01047--028 **926.25
CITY-ST-ZIP	PALM CITY, FL 34990		
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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: Francis J. Stapleton, Jr. 10/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE