

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 SEP 14 AM 9:46

**DOCUMENT # A03000000364**

1. Entity Name  
**STAPLETON LIMITED PARTNERSHIP**



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

Mailing Address  
 2697 S.W. WESTLAKE CIRCLE  
 PALM CITY, FL 34990

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 15 Great Oak Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Pleasantville, NY

Zip

Country

Zip

Country

10570

08312007 Chg-LP CR2E003 (12/06)

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

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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  
 NAME F.J. STAPLETON, JR., INC.  
 STREET ADDRESS 2697 S.W. WESTLAKE CIRCLE  
 CITY-ST-ZIP PALM CITY, FL 34990

STREET ADDRESS 15 Great Oak Lane  
 CITY-ST-ZIP Pleasantville, NY 10570

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 CITY-ST-ZIP

BLT  
 900109874038  
 09/25/07--01014--008 \*\*500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9/4/07 917-789-4122

STAPLE CHECK HERE