


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 23 AM 9:20

DOCUMENT # A05000002038		
1. Entity Name STANLEY FAMILY LIMITED PARTNERSHIP, LLLP		

Principal Place of Business 29 NE 4TH AVENUE DELRAY BEACH, FL 33483	Mailing Address 29 NE 4TH AVENUE DELRAY BEACH, FL 33483
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-3780123</b> <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STANLEY, THOMAS M 29 NE 4TH AVENUE DELRAY BEACH, FL 33483		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. I, 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, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000107109	STREET ADDRESS	
NAME	STANLEY INVESTMENTS, LLC	CITY-ST-ZIP	
STREET ADDRESS	29 NE 4TH AVENUE		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

**600086232296**  
 01/25/07--01040--022 \*\*500.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THOMAS M. STANLEY

Date

Daytime Phone #

1-9-07 561-276-6303