

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A07000000800**

1. Entity Name  
**CARPLES FAMILY LLLP**



Principal Place of Business  
**% MS. FLORENCE L. CARPLES**  
**401 E. LINTON BLVD., APT. 553**  
**DELRAY BEACH, FL 33483**

Mailing Address  
**% MS. FLORENCE L. CARPLES**  
**401 E. LINTON BLVD., APT. 553**  
**DELRAY BEACH, FL 33483**

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

01032008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**26-0411711**

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

**CARPLES, FLORENCE L**  
**401 E. LINTON BLVD., APT. 553**  
**DELRAY BEACH, FL 33483**

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**  
**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P07000068527**  
 NAME **CARPLES FAMILY CORP.**  
 STREET ADDRESS **401 E. LINTON BLVD., APT. 553**  
 CITY - ST - ZIP **DELRAY BEACH, FL 33483**

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 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:

*Florence L Carples*

Date

Daytime Phone #

**FILED**

**08 JAN 29 PM 2:59**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



STAPLE CHECK HERE