2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0700000800

Entity Name: CARPLES FAMILY LLLP

CARPLES FAMILY CORP.

DELRAY BEACH, FL 33483

401 E. LINTON BLVD., APT. 553

Name:

Address:

City-St-Zip:

FILED Jan 04, 2010 Secretary of State

| Current Principal Place of Business: | New Principal Place o | New Principal Place of Business: | |
|---|---|-------------------------------------|--|
| % MS. FLORENCE L. CARPLES 401 E. LINTON BLVD., APT. 553 DELRAY BEACH, FL 33483 | | | |
| Current Mailing Address: | New Mailing Address | : | |
| % MS. FLORENCE L. CARPLES 401 E. LINTON BLVD., APT. 553 DELRAY BEACH, FL 33483 | | | |
| FEI Number: 26-0411711 FEI Number App | lied For () FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | |
| CARPLES, FLORENCE L 401 E. LINTON BLVD., APT. 553 DELRAY BEACH, FL 33483 US | | | |
| The above named entity submits this state in the State of Florida. | ment for the purpose of changing its registered | office or registered agent, or both | |
| SIGNATURE: | | | |
| Electronic Signature of R | egistered Agent | Date | |
| GENERAL PARTNER INFORMATION: | ADDRESS CHANGES ONLY | <i>r</i> : | |
| Document #: P07000068527 | | | |

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN A. CARPLES SECR 01/04/2010