

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

**DOCUMENT # A07000001388**

1. Entity Name  
**STALF FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**



Principal Place of Business  
**5263 BELVEDERE ROAD  
 WEST PALM BEACH, FL 33415**

Mailing Address  
**1340 U.S. HIGHWAY ONE  
 JUPITER, FL 33469**

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

3. Mailing Address  
**5263 Belvedere Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**West Palm Beach, FL**

Zip

Country

Zip

Country

**33415**

**U.S.A**

02082008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**26-1933337**

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

**WOLF, BARBARA  
 1340 U.S. HIGHWAY ONE  
 JUPITER, FL 33469**

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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STALF, EDWARD  
 5263 BELVEDERE ROAD  
 WEST PALM BEACH, FL 33415**

STREET ADDRESS  
 CITY-ST-ZIP  
**500119602055  
 03/07/08--01005--012 \*\*\$500.00**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 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:

*Edward P. Stalf*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-11-2008**

Date

**561-683 3364**

Daytime Phone #

STAPLE CHECK HERE

FILED

08 MAR -12 AM 7:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

