
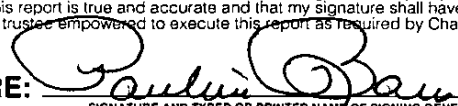


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 05 JUL 19 AM 9:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000002220 1. Entity Name STONINGTON FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1009 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176			Mailing Address 395 SOUTH ATLANTIC AVE., #103 ORMOND BEACH, FL 32176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARRES, JONATHAN 1009 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$25,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	L98000001954		STREET ADDRESS		
NAME	STONINGTON PARENTS, LLC		CITY-ST-ZIP		
STREET ADDRESS	1009 OCEAN SHORE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			7/15/05 (386) 435-7981		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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B A R R E S

FILED
05 JUL 19 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 14, 2005

Division of Corporations
Personal & Confidential
Atten: Buck Kohr
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Kohr:

I did not receive the first noticed that was mailed out in January 2005. I am enclosing a payment of \$272.50, \$263.75 for 2005 annual fee and \$7.75 for the certificate of status.

Sincerely,

Pauline Barres

F A M I L Y