

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -9 AM 8:46

DOCUMENT # A99000000878

1. Entity Name
THE STAPLES FAMILY LIMITED PARTNERSHIP



Principal Place of Business
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH, FL 33408

Mailing Address
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH, FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0924177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

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

9. Capital Contributions

as Shown on record. \$3,000,000.00

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 #
NAME STAPLES, ALVA TERRY
STREET ADDRESS 215 ST. PAUL STREET, #290
CITY-ST-ZIP DENVER, CO 80206

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME ARMS, SUSAN S
STREET ADDRESS 1206 RIVER ROAD (BOX 168)
CITY-ST-ZIP OLD MYSTIC, CT 06372

STREET ADDRESS
CITY-ST-ZIP
600048449256
03/16/05--01011--003 **\$26.25

DOCUMENT #
NAME DONALD, ANDREA S
STREET ADDRESS 93 MAIN STREET
CITY-ST-ZIP FARMINGTON, CT 06032

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 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: Susan S. Arms Susan S. Arms 2/22/05 860.536.4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE