

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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



02012008 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE
IN THIS SPACE

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, 2006, Fee will be \$900.00

1000000448243
03/09/06-80008-001 \$00.00

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

DOCUMENT #
NAME **STAPLES, ALVA TERRY**
STREET ADDRESS **215 ST. PAUL STREET, #290**
CITY-ST-ZIP **DENVER, CO 80208**

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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: *Susan S. Arms* **Susan S. Arms**

2-10-06

860-536-4890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE