

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007.

FILED
Mar 07, 2007 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**



02052007 No Chg-LP

CR2E003 (12/06)

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, 2007, Fee will be \$900.00

U000000658987
03/16/07-80010-029 500.00

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

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

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

2-27-07

Date

860-536-4890

Daytime Phone #

STAPLE CHECK HERE