

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 06, 2008 08:00 A
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**



02222008 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, 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

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

U00000850133
03/21/08-80051-005 500.00

**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** **2-29-08** **860-536-4890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE