

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001574

**FILED  
Apr 07, 2015  
Secretary of State  
CC6437502757**

**Entity Name:** STANLEY J. NORTON LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O LAIRD A LILE, PA  
3033 RIVIERA DRIVE #104  
NAPLES, FL 34103

**Current Mailing Address:**

C/O LAIRD A LILE, PA  
3033 RIVIERA DRIVE #104  
NAPLES, FL 34103

**FEI Number:** 65-0948147

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LILE, LAIRD AESQ.  
LAIRD A. LILE, P.A.  
3033 RIVIERA DRIVE #104  
NAPLES, FL 34103 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #  
Name NORTON, JR., STANLEY JTRUSTEE  
Address 5 RIVER ROAD  
City-State-Zip: WEST NEWBURY MA 01985

Document #  
Name NORTON, NOREEN M  
Address 5 RIVER ROAD  
City-State-Zip: WEST NEWBURY MA 01985

Document #  
Name NORTON, KIRSTEN E  
Address 5 RIVER ROAD  
City-State-Zip: WEST NEWBURY MA 01985

Document #  
Name NORTON, JR., STANLEY JTRUSTEE  
Address 5 RIVER ROAD  
City-State-Zip: WEST NEWBURY MA 01985

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STANLEY J. NORTON, JR.

**TRUSTEE**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date