FILED
Jan 25, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A98000000463

1. Entity Name
CARVER FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1003 JUPITER PARK LANE, SUITE 5 JUPITER, FL 33458	1003 JUPITER PARK LANE, SUITE 5 JUPITER, FL 33458

01132005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0814932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARVER FAMILY INVESTMENTS 1003 JUPITER PARK LANE, SUITE 5 JUPITER, FL 33458	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 ______________________ DATE ______
signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record $1,500,000.00

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 #	P96000042129	STREET ADDRESS	
NAME	CARVER FAMILY INVESTMENTS, INC.		
STREET ADDRESS	1003 JUPITER PARK LANE, SUITE 5	CITY-ST-ZIP	
CITY-ST-ZIP	JUPITER, FL 33458		
DOCUMENT #		STREET ADDRESS	U00000186491
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CITY-ST-ZIP			

STAPLE CHECK HERE

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.

Donald Ray Carver

SIGNATURE: Donald Ray Carver — 1-18-05 — 561-719-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #