

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000000335

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** CARLYLE I LIMITED PARTNERSHIP

**Current Principal Place of Business:**

500 N WESTSHORE BLVD  
STE 750  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 990460  
NAPLES, FL 34116

**New Mailing Address:**

500 N WESTSHORE BLVD  
STE 750  
TAMPA, FL 33609

**FEI Number:** 59-3563099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARFIELD BAY PROPERTIES, INC.  
500 N WESTSHORE BLVD  
STE 750  
TAMPA, FL 33609 US

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

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 INFORMATION:**

Document #: P98000069907  
Name: BARFIELD BAY HOLDINGS, INC.  
Address: 402 11TH STREET NORTH  
City-St-Zip: NAPLES, FL 34102

**ADDRESS CHANGES ONLY:**

Address: 500 N WESTSHORE BLVD STE 750  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this 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.

SIGNATURE: RON GLAS BY CMS AS REQUESTED

MGR

04/13/2012

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

\_\_\_\_\_  
Date