
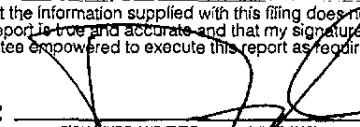


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # B03000000126					
1. Entity Name CAROLINECO., L.P.					
Principal Place of Business 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120			Mailing Address 10601 N. PENNSYLVANIA OKLAHOMA CITY, OK 73120		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. ϕ		141.25	
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 #	F03000001743		STREET ADDRESS		
NAME	TJL MANAGEMENT COMPANY, INC.		CITY-ST-ZIP		
STREET ADDRESS	10601 N. PENNSYLVANIA				
CITY-ST-ZIP	OKLAHOMA CITY, OK 73120				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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					
SIGNATURE: 			DOUGLAS J STUSS I FOR TJL MGMT., GP		1-7-05 (405) 751-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number 73-1557320 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

000000187483
01/24/05-80017-003 141.25