

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -4 AM 11:57

DOCUMENT # A00000001049

1. Entity Name
 CAROLSTAN PROPERTIES, LTD. LLLP



Principal Place of Business
 6450 UNIVERSITY BOULEVARD
 WINTER PARK, FL 32792

Mailing Address
 C/O JAMES FULD
 1929 STINGRAY CT
 BELLEVILLE, IL 62221



2. Principal Place of Business

3. Mailing Address
 C/O JAMES H. FULD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P O Box 630

02132004 Chg-LP CR2E003 (10/03)

City & State

City & State
 BELLEVILLE IL

4. FEI Number
 59-3656045

Applied For
 Not Applicable

Zip

Country

Zip

Country

62222

USA

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

LEFKOWITZ, IVAN M
 430 NORTH MILLS AVENUE
 ORLANDO, FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$20,000,000.00

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 # P00000063308
 NAME CAROLSTAN, INC.
 STREET ADDRESS 1929 STINGRAY CT.
 CITY-ST-ZIP BELLEVILLE, IL 62221

STREET ADDRESS

P O Box 630

CITY-ST-ZIP

BELLEVILLE IL 62222

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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:

James H. Fuld
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-17-04

Date

618-257-2117

Daytime Phone *

STAPLE CHECK HERE