2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0000001694

1. Entity Name

CARLOS PROPERTIES, LTD.



Principal Place of Business Mailing Address

999 PONCE DE LEON BLVD., STE. 1000 CORAL GABLES, FL 33134

999 PONCE DE LEON BLVD., STE. 1000 CORAL GABLES, FL 33134 FILED Apr 02, 2007 08:00 A Secretary of State



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03282007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1060399

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLOS, THOMAS P C/O CARLOS WILLARD & FLANAGAN, P.A. 999 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134

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| | e named entity submits this statement for the purpose of changing its rations of registered agent. | egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
|---|--|--|
| SIGNATURE | | |
| Signature, typed or printed name of registered agent and title if applicable. | | DATE |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | |
| 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 | |
| DOCUMENT # | P00000103942 | |
| NAME | CARLOS PROPERTIES, INC. | |
| STREET ADDRESS | 999 PONCE DE LEON BLVD., SUITE 1000 | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| DOCUMENT # | | 1 |

000000687708 04/10/07-80050-019 500.00

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STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

u mos

3/28/07

305 4441500

Daytime Phone #