2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 DOCUMENT # A00000001694 CARLOS PROPERTIES, LTD. Principal Place of Business Mailing Address 999 PONCE DE LEON BLVD., STE. 1000 999 PONCE DE LEON BLVD., STE. 1000 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 DO NOT WRITE IN THIS SPACE 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

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

FILED Feb 25, 2008 08:00 AN Secretary of State

01282008 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 65-1060399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE IN THIS SPACE 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 U000000837873)3/05/08-80007-016 500.00 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. DO NOT WRIT IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify f	or 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 Ch	apter 620, Florida Statutes / /

SIGNATURE:

the obligations of registered agent.

P00000103942

CARLOS PROPERTIES, INC.

CORAL GABLES, FL 33134

999 PONCE DE LEON BLVD., SUITE 1000

12. · DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

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

STREET ADDRESS CITY-\$1-ZIP

IGNING GENERAL PARTNER