2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # A02000000001

1. Entity Name
CARTER FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4010 CEDAR CAY CIR VALRICO, FL 33594	4010 CEDAR CAY CIR VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LP CR2E003 (12/06)

4. FEI Number
01-0556404
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, ROSS S
4010 CEDAR CAY CIR
VALRICO, FL 33594

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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

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 #	P02000035221
NAME	CFLP, INC.
STREET ADDRESS	4010 CEDAR CAY CIR
CITY-ST-ZIP	VALRICO, FL 33594
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05/21/07-80025-026 500.00

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STAPLE CHECK HERE

14. I hereby 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: Jane J Carter 4/27/07 816-685-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #