


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Aug 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000585</b> 1. Entity Name <b>CMS CARROLLWOOD ASSOCIATES, LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>C/O CMS AFFILIATED PARTNERSHIPS          ONE BALA PLAZA, SUITE 412          BALA CYNWYD, PA 19004</b>			Mailing Address <b>C/O CMS AFFILIATED PARTNERSHIPS          ONE BALA PLAZA, SUITE 412          BALA CYNWYD, PA 19004</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$3,880,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	802000000129		STREET ADDRESS		
NAME	CMS CARROLLWOOD PARTNERS, L.P.		CITY - ST - ZIP		
STREET ADDRESS	ONE BALA PLAZA, SUITE 412				
CITY - ST - ZIP	BALA CYNWYD, PA 19004				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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)(f), 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.					
<b>SIGNATURE:</b> <u>Ingrid R. Welch</u> <u>7/29/04</u> <u>215-246-3000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE



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4. FEI Number **03-0395807** Applied For ☐ Not Applicable

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

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 08/26/04-80005-019 526.25