

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000585

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** CMS CARROLLWOOD ASSOCIATES, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O CMS AFFILIATED PARTNERSHIPS  
111 PRESIDENTIAL BLVD., SUITE 249  
BALA CYNWYD, PA 19004

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CMS AFFILIATED PARTNERSHIPS  
111 PRESIDENTIAL BLVD., SUITE 249  
BALA CYNWYD, PA 19004

**New Mailing Address:**

C/O DONNA RITTERSHAUSEN, CMS COMPANIES  
1926 ARCH STREET  
PHILADELPHIA, PA 19103 US

**FEI Number:** 03-0395807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: B02000000129  
Name: CMS CARROLLWOOD PARTNERS, L.P.  
Address: 111 PRESIDENTIAL BLVD., SUITE 249  
City-St-Zip: BALA CYNWYD, PA 19004

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD A. MITCHELL

V

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date