




2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 9:51

DOCUMENT # A02000000744 1. Entity Name CARTER/CNL LEGACY PLACE, L.L.L.P.					
Principal Place of Business 1275 PEACHTREE STREET, N.E. ATLANTA, GA 30309				Mailing Address 1275 PEACHTREE STREET, N.E. ATLANTA, GA 30309	
2. Principal Place of Business 171 17th STREET		3. Mailing Address 171 17th STREET		 01242005 Chg-LP CR2E003 (10/03) 4. FEI Number 03-0452215 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. SUITE 1200		Suite, Apt. #, etc. SUITE 1200			
City & State ATLANTA, GA		City & State ATLANTA, GA			
Zip 30363		Country USA			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. \$20,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,603,164.00			
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				13. ADDRESS CHANGES ONLY	
DOCUMENT # M02000000771 NAME CARTER EQUITY LEGACY PLACE, L.L.C. STREET ADDRESS 1275 PEACHTREE STREET, N.E. CITY-ST-ZIP ATLANTA, GA 30309				STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.2em;">000048845730</div> <div style="text-align: center; font-size: 0.8em;">03/22/05--01021--003 **526.25</div>	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE