

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 MAY 12 PM 12:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0300001269

1. Entity Name
CARLTON ARMS OF BRADENTON, LLLP



Principal Place of Business
**731 JAMESTOWN DR.
 WINTER PARK, FL 32792**

Mailing Address
**731 JAMESTOWN DR.
 WINTER PARK, FL 32792**



2. Principal Place of Business
 Suite, Apt #, etc

3. Mailing Address
 Suite, Apt #, etc

04282004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**MAHAFFEY MANAGEMENT, LLC
 731 JAMESTOWN DR.
 WINTER PARK, FL 32792**

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 _____
Signature typed or printed name of registered agent and title if applicable.

9. Capital Contributions as shown on record. **\$7,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date

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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000032893	STREET ADDRESS	
NAME	MAHAFFEY MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	731 JAMESTOWN DR.		
CITY-ST-ZIP	WINTER PARK, FL 32792		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 05/07/04-80023-012 526.25

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: *James W. Mahaffey* **04-29-04** **407-677-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

James W. Mahaffey