
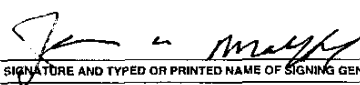


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001269					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ <small>Signature, typed or printed name of registered agent and \$59 if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$526.25		
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 #	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	500055383225	
NAME			CITY-ST-ZIP	05/27/05--01005-012 **526.25	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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)(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: 			04-22-05 407-677-0650		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER James W. Mahaffey			Date Daytime Phone #		

STAPLE CHECK HERE