


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:21

|                                    |                                                                                   |
|------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # A04000000294            |  |
| 1. Entity Name<br>CARROLLTAM, LTD. |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br>825 BRICKELL BAY DRIVE, SUITE 1644<br>MIAMI, FL 33131 | Mailing Address<br>825 BRICKELL BAY DRIVE, SUITE 1644<br>MIAMI, FL 33131 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

02172006 Chg-LP CR2E003 (11/05)

4. FEI Number **84-1639075** Applied For

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

|                                                                            |  |                                                                                |  |
|----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                            |  | 7. Name and Address of New Registered Agent                                    |  |
| MENDELSON, VICTOR<br>825 BRICKELL BAY DRIVE, SUITE 1644<br>MIAMI, FL 33131 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 \_\_\_\_\_

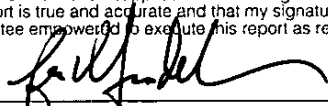
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #                      | L04000009840                       | STREET ADDRESS           |                             |
| NAME                            | CARROLLTAM, LLC                    | CITY-ST-ZIP              |                             |
| STREET ADDRESS                  | 825 BRICKELL BAY DRIVE, SUITE 1644 |                          |                             |
| CITY-ST-ZIP                     | MIAMI, FL 33131                    |                          |                             |
| DOCUMENT #                      |                                    | STREET ADDRESS           | 800069076068                |
| NAME                            |                                    | CITY-ST-ZIP              | 03/31/06 01005 001 **500.00 |
| 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 exemptions contained in Chapter 119, 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:  Carrolltam LLC, general partner  
 by: Laurans A. Mendelson 3/10/06 305-374-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE