

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000525

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** C. DENNIS CARLTON FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

601 S FALKENBURG RD STE 14-1  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

601 S FALKENBURG RD STE 14-1  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 20-0944092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLTON, C. DENNIS  
601 S FALKENBURG RD STE 14-1  
TAMPA, FL 33619 US

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

CARLTON, C. DENNIS SR.  
601 S FALKENBURG RD STE 14-1  
TAMPA, FL 33619 US

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: C. DENNIS CARLTON SR.

02/09/2012

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CARLTON, C. DENNIS

Address: 601 S FALKENBURG RD STE 14-1

City-St-Zip: TAMPA, FL 33619

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby 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: C. DENNIS CARLTON SR.

02/09/2012

Electronic Signature of Signing General Partner

Date