

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:41

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000000672

1. Entity Name
**MAHAFFEY ASSOCIATES CARLTON ARMS NORTH,
LLP**



Principal Place of Business
~~3700 POMPANO DRIVE SE~~
ST. PETERSBURG, FL 33705
100 - 2nd Ave So #302N
St. Petersburg, FL 33701

Mailing Address
~~3700 POMPANO DRIVE SE~~
ST. PETERSBURG, FL 33705
100 - 2nd Ave So #302N
St Petersburg, FL 33701



04072006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-2170137 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

CARLTON ARMS NORTH G, ENERAL PROPERT
731 JAMESTOWN DRIVE
WINTER HAVEN, FL 32792

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

DATE _____

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

| | |
|----------------|---|
| DOCUMENT # | L04000025404 |
| NAME | CARLTON ARMS NORTH GENERAL PROPERTY, LLC |
| STREET ADDRESS | 731 JAMESTOWN DRIVE |
| CITY-ST-ZIP | WINTER PARK, FL 32792 |

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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-10-06

Date

407-677-0650

Daytime Phone #

James W. Mahaffey

STAPLE CHECK HERE