## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## **DOCUMENT # A04000000672**

1. Entity Name
MAHAFFEY ASSOCIATES CARLTON ARMS NORTH,
LLLP



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business 100-2ND AVE SO #302N ST. PETERSBURG, FL 33701 Mailing Address 100-2ND AVE SO #302N ST. PETERSBURG, FL 33701



## DO NOT WRITE IN THIS SPACE

04232007 No Chg-LP CR2E003 (12/06)

4. FEI Number

59-2170137

Applied For
Not Applicable

5. Certificate of Status Desired

\$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, 2007, 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 # NAME STREET ADDRESS	L04000025404 CARLTON ARMS NORTH GENERAL PROPERTY, LLC 731 JAMESTOWN DRIVE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WINTER PARK, FL 32792		U00000746541 05/16/07-80073-009 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN IH	IIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT 4			

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:

STREET ADDRESS CITY-ST-ZIP

Kerry James W. Mahaffey

04-25-07

407-677-0650