2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

May 02, 2008 08:00 AN Secretary of State **DOCUMENT # A04000000672** MAHÁFFEY ASSOCIATES CARLTON ARMS NORTH. LLLP Principal Place of Business Mailing Address 100-2ND AVE SO #302N 100-2ND AVE SO #302N ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For 59-2170137 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLTON ARMS NORTH G. ENERAL PROPERT Street Address (P.O. Box Number is Not Acceptable) 731 JAMESTOWN DRIVE WINTER HAVEN, FL 32792 City 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 -Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY L04000025404 DOCUMENT # STREET ADDRESS CARLTON ARMS NORTH GENERAL PROPERTY, LLC NAME STREET ADDRESS 731 JAMESTOWN DRIVE CITY-ST-7IP CITY-ST-ZIP WINTER PARK, FL 32792 DOCUMENT # STREET ADDRESS NAME 600000943796 STREET ADDRESS CITY-ST-ZIP 05/29/08-80075-011 500.00 CITY-ST-7IP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

04-28-08

407-677-0650

FILED