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

DO NOT WRITE IN THIS SPACE

BIGHANDRE AND TYPED OR PRINTED NAME OF SIGNING SENERAL PARTNER

James W.

Mahattey

## **DOCUMENT # A04000000675**

STAPLE CHECK HERE

SIGNATURE:

MAHAFFEY ASSOCIATES LAKE CARLTON, LLLP



Principal Place of Business

3700 POMPANO DR SE

ST PETERSBURG, FL 33705 100 – 2<sup>nd</sup> Ave So #302N St. Petersburg, FL 33701

Mailing Address

3700 POMPANO DR SE

-ST PETERSBURG, FL 33705 100 - 2<sup>nd</sup> Ave So #302N St Petersburg, FL 33701

## FILED

06 MAY - 1 AM '8: 44

SECRETARY OF STATE TALLAHASSEE FLORIDA



04072006 No Chg-LP

CR2E003 (11/05)

407-677.0650

4. FEI Number 59-2380379

04-10-06

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAKE CARLTON GENERAL PROPERTY, LLC 731 JAMESTOWN DR WINTER PARK, 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 tide 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	
DOCUMENT /	L04000026691	
NAME	LAKE CARLTON GENERAL PROPERTY, LLC	
STREET ADDRESS	731 JAMESTOWN DR	
CITY-ST-ZIP	WINTER PARK, FL 32792	
DOCUMENT #		<b>—</b> — — — — —
NAME		900075020179 05/22/0601025002 **\$00.00
STREET ADDRESS		U5/22/U601025002 **500.00
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THE OBACE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
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		