

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

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001767**

1. Entity Name  
**CARLTON ARMS OF MAGNOLIA VALLEY, LLLP**



Principal Place of Business  
**731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792**

Mailing Address  
**731 JAMESTOWN DRIVE  
WINTER PARK, FL 32792**



04072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-2619605**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MAHAFFEY - HARDAWAY MANAGEMENT, LLC  
100 SECOND AVENUE SOUTH, SUITE 320N  
ST. PETERSBURG, FL 33701**

**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 # **L04000037042**  
NAME **MAHAFFEY - HARDAWAY MANAGEMENT, LLC**  
STREET ADDRESS **100 SECOND AVENUE SOUTH, SUITE 320N**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

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05/08/06-80055-016 500.00

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