

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000000844</b>	
1. Entity Name CARTER-VINELAND POINTE, LLLP	
Principal Place of Business 3333 SOUTH ORANGE AVE. SUITE 200 ORLANDO, FL 32806-8500	Mailing Address 3333 SOUTH ORANGE AVE. SUITE 200 ORLANDO, FL 32806-8500



01082008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2744854	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**

CARTER, DARYL M  
3333 SOUTH ORANGE AVE. SUITE 200  
ORLANDO, FL 32806-8500

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	P05000061940
NAME	CARTER-VINELAND MANAGEMENT, INC.
STREET ADDRESS	3333 SOUTH ORANGE AVE. SUITE 200
CITY-ST-ZIP	ORLANDO, FL 328068500
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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U000000871776  
04/10/08-80012-014 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Daryl M Carter 03/07/2008 407 422 3144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE