


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001032 1. Entity Name MEADOWS OF CARSON CREEK, MHP, LP, LTD.	
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FILED
06 JUN 15 AM 11:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 16501 VIA VENITIA EAST DELRAY BEACH, FL 33484	Mailing Address 16501 VIA VENITIA EAST DELRAY BEACH, FL 33484
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04052006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SELZ, STEVEN M ESQ.
214 BRAZILIAN A VENUE
#220
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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	13. ADDRESS CHANGES ONLY												
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td>L05000029499</td> </tr> <tr> <td>NAME</td> <td>MEADOWS OF CARSON CREEK, MHP, LLC</td> </tr> <tr> <td>STREET ADDRESS</td> <td>16501 VIA VENITIA EAST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33484</td> </tr> </table>	DOCUMENT #	L05000029499	NAME	MEADOWS OF CARSON CREEK, MHP, LLC	STREET ADDRESS	16501 VIA VENITIA EAST	CITY-ST-ZIP	DELRAY BEACH, FL 33484	<table border="1" style="width:100%"> <tr> <td style="width:30%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>800076384578 06/20/06--01024--021 **500.00</td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	800076384578 06/20/06--01024--021 **500.00
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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

Date _____ Daytime Phone # _____

STAPLE CHECK HERE