

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

DOCUMENT # A05000001374					
1. Entity Name CARTER ROAD ASSOCIATES, LLLP					
Principal Place of Business 621 S.W. CENTRAL PARKWAY STUART, FL 34994			Mailing Address 621 S.W. CENTRAL PARKWAY STUART, FL 34994		
2. Principal Place of Business 1935 Commerce Ln #5		3. Mailing Address 1935 Commerce Ln #5			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jupiter FL		City & State Jupiter FL		02202006 Chg-LP CR2E003 (11/05)	
Zip 33458	Country USA	Zip 33458	Country USA	4. FEI Number <input checked="" type="checkbox"/> 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 KELLY, GEORGE T IV 621 S.W. CENTRAL PARKWAY STUART, FL 34994	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable) 1935 Commerce Lane, Suite 5 Jupiter, FL 33458 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		
DOCUMENT #	NAME		STREET ADDRESS	1935 Commerce Lane, Suite 5	
STREET ADDRESS	621 S.W. CENTRAL PARKWAY		CITY-ST-ZIP	Jupiter, FL 33458	
CITY-ST-ZIP	STUART, FL 34994		100068092051		
DOCUMENT #	NAME		STREET ADDRESS	03/26/06 01013 013 **500.00	
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CITY-ST-ZIP			STREET ADDRESS		

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/06

Date

561-743-7381

Daytime Phone #

STAPLE CHECK HERE