


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

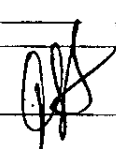
DOCUMENT # A05000001374 1. Entity Name CARTER ROAD ASSOCIATES, LLLP	
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Principal Place of Business 1935 COMMERCE LANE #5 JUPITER, FL 33458	Mailing Address 1935 COMMERCE LANE #5 JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

6. Name and Address of Current Registered Agent KELLY, GEORGE T IV 1935 COMMERCE LANE SUITE 5 JUPITER, FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
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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 style="width:85%">NAME</td> </tr> <tr> <td>NAME</td> <td>KELLY, GEORGE T IV</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1935 COMMERCE LANE SUITE 5</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33458</td> </tr> </table>	DOCUMENT #	NAME	NAME	KELLY, GEORGE T IV	STREET ADDRESS	1935 COMMERCE LANE SUITE 5	CITY-ST-ZIP	JUPITER, FL 33458	<table border="1" style="width:100%"> <tr> <td style="width:15%">STREET ADDRESS</td> <td style="width:85%"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
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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: 	4/20/07	501-743-7381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

FILED

2007 APR 25 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192007	Chg-LP	CR2E003 (12/06)
4. FEI Number APPLIED FOR 37-1513128		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

STAPLE CHECK HERE