


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A12744</b>					
1. Entity Name <b>CHARLES STREET ASSOCIATES LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>13777 BELCHER ROAD SOUTH LARGO, FL 33771</b>			Mailing Address <b>13777 BELCHER ROAD SOUTH LARGO, FL 33771</b>		
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	Country	4. FEI Number <b>59-2276678</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PIAZZA, JOHN J SR 13777 BELCHER ROAD S. LARGO, FL 33771</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000046933		STREET ADDRESS		
NAME	ADULT CARE HOLDING CORP.		CITY-ST-ZIP	U00000656508 03/14/07-80028-017 500.00	
STREET ADDRESS	13777 BELCHER ROAD SOUTH		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>John J. Piazza Sr</u> <u>Pres John J. Piazza, Sr.</u> <u>2/27/07</u> <u>727-726-3310</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE