


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


07 JAN 23 AM 9:19

<b>DOCUMENT # A26760</b>	
1. Entity Name CARRIAGE GATE OF PALATKA, LTD.	

Principal Place of Business 20721 SW 46TH AVENUE NEWBERRY, FL 32669	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339
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2. Principal Place of Business - No P.O. Box # 6501 St. Johns Avenue Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Palatka, FL	City & State
Zip 32177	Country USA

	
01032007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 59-2899913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, SUSAN MS. HALLMARK MANAGEMENT INC. 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607	
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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, 2007, 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 #	M04000001623
NAME	BCP FL-GA GP, LLC
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100
CITY-ST-ZIP	BOSTON, MA 02108
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** Susan Adams, Registered Agent 1-18-07 352-224-2051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE