

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

**FILED**

2007 APR 30 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 Chg-LP CR2E003 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>59-3202258</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

|  |  |
|--|--|
| DOCUMENT # <b>A93000000972</b>   |  |
| 1. Entity Name<br><b>CARROLLWOOD BUSINESS PARK, LTD.</b>                           |  |
| Principal Place of Business<br><b>P.O. BOX 32092<br/>LAKELAND, FL 33801-2092</b>   | Mailing Address<br><b>P.O. BOX 32092<br/>LAKELAND, FL 33801-2092</b> |
| 2. Principal Place of Business - No P.O. Box #<br><b>5304 South Florida Avenue</b> | 3. Mailing Address<br><b>P.O. Box 5330</b>                           |
| Suite, Apt. #, etc.<br><b>Suite 404</b>  | Suite, Apt. #, etc.  |
| City & State<br><b>Lakeland, FL</b>  | City & State<br><b>Lakeland, FL</b>                                  |
| Zip<br><b>33813</b>  | Country<br><b>USA</b>  |
| Zip<br><b>33807</b>  | Country<br><b>USA</b>  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>BAYLESS, THOMAS R<br/>92 LAKE WIRE DR.<br/>LAKELAND, FL 33815</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5304 South Florida Avenue</b><br>Suite 404<br>City<br><b>Lakeland</b> <b>FL</b> Zip Code<br><b>33813</b> |
|---|--|

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                     |  | 13. ADDRESS CHANGES ONLY      |  |
|---|--|-------------------------------|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P00000009747<br/>BUSINESS PARK OF CARROLLWOOD, INC.<br/>92 LAKE WIRE DR.<br/>LAKELAND, FL 33815</b> | STREET ADDRESS<br>CITY-ST-ZIP | <b>5304 South Florida Avenue, Suite 404<br/>Lakeland, FL 33813</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP | <b>200101977078<br/>05/09/07--01049--004 **508.75</b>              |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>CITY-ST-ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS<br>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

**Business Park of Carrollwood, Inc.**

SIGNATURE: Frank M. Foster, Jr. 4/16/07 (863) 687-2115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE