

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 12 PM 4:31

DOCUMENT # A93000000972

1. Entity Name
 CARROLLWOOD BUSINESS PARK, LTD.



Principal Place of Business
 5304 S FLORIDA AVENUE
 SUITE 404
 LAKE LAND, FL 33813

Mailing Address
 PO BOX 5330
 LAKE LAND, FL 33807



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2133 Harden Blvd.

Suite, Apt. #, etc.

Suite 120

04242008 Chg-LP CR2E003 (12/06)

City & State
 Lakeland, FL 33803-5918

City & State

4. FEI Number
 59-3202258

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAYLESS, THOMAS R
 5304 SOUTH FLORIDA AVENUE
 SUITE 404
 LAKE LAND, FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)
 2133 Harden Blvd., Suite 120

City
 Lakeland

FL Zip Code
 33803-5918

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # P00000009747
 NAME BUSINESS PARK OF CARROLLWOOD, INC.
 STREET ADDRESS 5304 SOUTH FLORIDA AVENUE SUITE 404
 CITY-ST-ZIP LAKE LAND, FL 33813

STREET ADDRESS 2133 Harden Blvd., Suite 120
 CITY-ST-ZIP Lakeland, FL 33803-5918

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900128790209
 05/08/08--01009--004 **508.75

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.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Frank M. Foster, Jr. 4/25/08 (863) 697-2115

STAPLE CHECK HERE