2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A97000000257

1. Entity Name

CARLISLE LAKES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 13 PM 1:04

Principal Place of Business	Mailing Address
2937 S.W. 27TH AVE #303 COCONUT GROVE FL 33133	2937 S.W. 27TH AVE #303 COCONUT GROVE FL 33133

2. Principal Place of Business		3. Mailing Address	
2950 SW 27th Avenue		2950 SW 27th Avenue	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Miami FL		City & State Miami FL	
Zip 33133	Country USA	Zip 33133	Country USA

MOORE CR2E003 (11/03)

4. FEI Number 65-0720289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOGGIO, LLOYD J
C/O THE CARLISLE GROUP
2937 SW 27TH AVE. #303
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300034386673
04/28/04--01021--021 **526.25

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.

9. Capital Contributions as Shown on record. $7,546,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000008551	STREET ADDRESS	
NAME	TCG CARLISLE LAKES, INC.		
STREET ADDRESS	3225 AVIATION AVENUE, #700	CITY-ST-ZIP	
CITY-ST-ZIP	COCONUT GROVE FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #