

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000257**

1. Entity Name  
**CARLISLE LAKES, LTD.**



Principal Place of Business  
**2950 S.W. 27TH AVE #200**  
**MIAMI, FL 33133**

Mailing Address  
**2950 S.W. 27TH AVE #200**  
**MIAMI, FL 33133**

\$508.75



01172006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE IN THIS SPACE**

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, 2006, 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 # **P97000008551**  
NAME **TCG CARLISLE LAKES, INC.**  
STREET ADDRESS **3225 AVIATION AVENUE, #700**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000554662  
05/16/06 80002-D16 508.75

**DO NOT WRITE IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

STAPLE CHECK HERE