

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

**FILED**  
**Apr 30, 2007 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**

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-LP

CR2E003 (12/06)

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.

**Lloyd J. Boggio**

SIGNATURE

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

DATE

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

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**U000000748293**  
**05/17/07-80061-008 503.75**

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

**Lloyd J. Boggio**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE