2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 18, 2005 08:00 AM Secretary of State

DOCUMENT # A9900002093 1. Entity Name CARRIAGE HILL INVESTMENTS, LTD.						Sec	cretary of State
Principal Place of Business 1471 NEPTUNE DRIVE BOYNTON BEACH, FL 33426		Mailing Address 1471 NEPTUNE DRIVE BOYNTON BEACH, FL 33426			-		
2. Principal Place of Business		3. Mailing Address					
Sulle, Apt. #, Glc		Suile, Apt #, etc.		01112005	Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0969		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		Name	7. Name and	Address of New F	Registered Agent
SCHNORR, J. PHILLIP 1471 NEPTUNE DRIVE BOYNTON BEACH, FL 33426			-	Street Address (I	(P.O. Box Number is Not Acceptable)		
00711101	BOTHTON BEACH, FL 33426						
				City			FL Zip Code
8. The above the obligat	a named entity submits this statement for trans or registered agent	or the purpose of changing its	s register	ed office or register	ed agent, or both	n, in the State of Fi 	orida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and tite if applicable					DATE
9. Capital Co as Shown	ontributions - \$990.00	10. Amount of Capit in FLORIDA to c		butions		-	
	A GENERAL PARTNER I NOTE: General Partners MA	HAT IS A BUSINESS EN	NTITY N	IUST BE REGIST	ERED AND A	CTIVE WITH TH to change a g	IIS OFFICE.
12.	GENERAL PARTNEI P99000108124	RINFORMATION	13.			ADDRESS CH.	
NAME	CARRIAGE HILL INVESTMENTS	S, INC.	SIR:	LET ADDRESS			
STREET ADDRESS CITY ST ZIP	1471 NEPTUNE DRIVE BOYNTON BEACH, FL 33426		СІТҮ	-\$1 · ZIP			
DOCUMENT à		.0	 Stri	LET ADDRESS			-
STREET ADDRESS			CITY	-SI - ZIP			
DOCUMENT #		-	STRI	LET ADDRESS	<u>. </u>	04/30/00	J313786 -90127-015 141 25
STREET ADDRESS CITY ST ZIF			CITY	-SI-ZiF		04. 10.00	-8013(-013 141 2
DOCUMENT #			\$TR	ET ADDRESS		 	
STREET ADDRESS CITY+ST-ZIP		-	_ CITY	-ST-ZIP			**************************************
DOCUMENT #			STRE	TET ADDRESS			
STREET ADDRESS CHY-ST-ZIP			CITY	-\$1-ZIP			
OCCUMENT /			STRE	TET ACIDRESS	<u> </u>		
STREET ADDRESS CITY-ST-ZIP			CHTY	-ST-ZIF			
14. Thereby of indicated the received	certify that the information supplied with on this report is true and accurate and yor or trustee empowered to execute the	this filing does not qualify fo that my signature shall have s report as required by Chan	the exe the same ter 620	mplion stated in Sec e legal effect as if m Florida Statutes	ction 119.07(3)(i) ade under oath;	, Florida Statutes that I am a Genera	I further certify that the information all Partner of the limited partnership or
		1/2		. =====================================	_		(0,1) 221-11866