

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000129

1. Entity Name
CMS CARROLLWOOD PARTNERS, L.P.



Principal Place of Business
**C/O CMS AFFILIATED PARTNERSHIPS
ONE BALA PLAZA, SUITE 412
BALA CYNWYD, PA 19004**

Mailing Address
**C/O CMS AFFILIATED PARTNERSHIPS
ONE BALA PLAZA, SUITE 412
BALA CYNWYD, PA 19004**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
03-0395800

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

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

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

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

DATE

9. Capital Contributions
as Shown on record. **\$19,402.00**

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # **A02000000584**
NAME **CMS ENTREPRENEURIAL IV ASSOCIATES, L.P.**
STREET ADDRESS **ONE BALA PLAZA, SUITE 412**
CITY- ST- ZIP **BALA CYNWYD, PA 19004**

STREET ADDRESS
CITY- ST- ZIP
000000178977
08/26/04-80005-013 228.75

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CITY- ST- ZIP

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 #

STAPLE CHECK HERE