


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B06000000231 1. Entity Name CARNEGIE OPPORTUNITY FUND, L.P.					
Principal Place of Business 12802 TAMPA OAKS BLVD., SUITE 405 TAMPA, FL 33637		Mailing Address 12802 TAMPA OAKS BLVD., SUITE 405 TAMPA, FL 33637			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BARTOLETTA, JOHN HIGH STREET CAPITAL MANAGEMENT, LLC 12802 TAMPA OAKS BLVD, SUITE 405 TAMPA, FL 33637				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>John Bartoletta, managing member</i></u> <small>Signature, typed or printed name of registered agent and state if applicable.</small>				DATE <u>3-13-07</u> <small>DATE</small>	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M05000000725 HIGH STREET CAPITAL MANAGEMENT, LLC 12802 TAMPA OAKS BLVD., SUITE 405 TAMPA, FL 33637		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		100096782251 04/13/07--01039--013 **\$500.00		
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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 <u><i>John Bartoletta General</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>4/13/07</u> Daytime Phone <u>813 910-2500</u> Partner		



01052007 Chg-LP CR2E003 (12/06)

4. FEI Number ☒ Applied For
☐ Not Applicable

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

STAPLE CHECK HERE