

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B97000000710

Entity Name: ISLA CARROLL POLO, L.P.

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

109 NORTH POST OAK LANE, STE 425  
HOUSTON, TX 77024

**New Principal Place of Business:**

**Current Mailing Address:**

109 NORTH POST OAK LANE, STE 425  
HOUSTON, TX 77024

**New Mailing Address:**

FEI Number: 76-0533855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BYRD, WADE R  
MCCALL & BYRD  
350 ROYAL PALM WAY STE 409  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M97000000762  
Name: ISLA CARROLL POLO MANAGEMENT, L.L.C.  
Address: 109 NORTH POST OAK LANE, STE 425  
City-St-Zip: HOUSTON, TX 77024

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN B GOODMAN

MGR

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date