

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # B99000000311</b>                        |  |
| 1. Entity Name<br><b>CARABELLE PROPERTIES LIMITED</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>8340 MEADOW ROAD, SUITE 226<br/>DALLAS, TX 75231</b> | Mailing Address<br><b>8340 MEADOW ROAD, SUITE 226<br/>DALLAS, TX 75231</b> |
|--|--|

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt. #, etc             |         | Suite, Apt. #, etc |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |



03152004 Chg-LP CR2E003 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>75-2828131</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                                       |  |
| <b>LEWIS, STEVE<br/>125 SOUTH GADSDEN STREET, SUITE 300<br/>TALLAHASSEE, FL 32301</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |
|--|---|
| 9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. |
|--|---|

**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 #                      | <b>F99000004338</b>                | STREET ADDRESS           |                                  |
| NAME                            | <b>WOODHILL CARRABELLE, INC.</b>   | CITY-ST-ZIP              |                                  |
| STREET ADDRESS                  | <b>8340 MEADOW ROAD, SUITE 226</b> |                          |                                  |
| CITY-ST-ZIP                     | <b>DALLAS, TX 75231</b>            |                          |                                  |
| DOCUMENT #                      |                                    | STREET ADDRESS           | <b>000000159189</b>              |
| NAME                            |                                    | CITY-ST-ZIP              | <b>05/10/04-80019-021 526.25</b> |
| STREET ADDRESS                  |                                    |                          |                                  |
| CITY-ST-ZIP                     |                                    |                          |                                  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |                                  |
| NAME                            |                                    | CITY-ST-ZIP              |                                  |
| STREET ADDRESS                  |                                    |                          |                                  |
| CITY-ST-ZIP                     |                                    |                          |                                  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |                                  |
| NAME                            |                                    | CITY-ST-ZIP              |                                  |
| STREET ADDRESS                  |                                    |                          |                                  |
| CITY-ST-ZIP                     |                                    |                          |                                  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |                                  |
| NAME                            |                                    | CITY-ST-ZIP              |                                  |
| STREET ADDRESS                  |                                    |                          |                                  |
| CITY-ST-ZIP                     |                                    |                          |                                  |

STAPLE CHECK HERE

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:**  **Karl Chiao** **3/18/04** **(214) 369-6665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #