

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # F06000003817

1. Entity Name
CARNEGIE INVESTMENT FUND, LTD.(INC)



Principal Place of Business

% KAUFMAN ROSSIN FUND SERVICES, LLC
2699 S BAYSHORE DR
MIAMI, FL 33133

Mailing Address

12802 TAMPA OAKS BLVD
STE 405
TAMPA, FL 33637



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGH STREET CAPITAL MANAGEMENT, LLC
12802 TAMPA OAKS BLVD
STE 405
TAMPA, FL 33637

**DO NOT WRITE
IN THIS SPACE**

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

JOHN BARTOLETTA
(NOTE: Registered Agent signature required when reinstating)

4/9/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARTOLETTA, JOHN
STREET ADDRESS 12802 TAMPA OAKS BLVD - STE 405
CITY-ST-ZIP TAMPA, FL 33637

TITLE D
NAME SIMS, DAVE
STREET ADDRESS P O BOX 972 ROAD TOWN
CITY-ST-ZIP TORTOLA, BRITISH VIRGIN ISL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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U000000899888
04/29/08-80005-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

✓✓

JOHN BARTOLETTA, DIRECTOR

4/9/08
Date

813-910-2500
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR