


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000025161 1. Entity Name CARLTON TOWERS PARTNERS, LLC	
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Principal Place of Business 470 THIRD STREET SOUTH SAINT PETERSBURG, FL 33701	Mailing Address 209 TOWN CENTER BOULEVARD DAVENPORT, FL 33896
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03182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3877330	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARLING, JOHN H
209 TOWN CENTER BOULEVARD
DAVENPORT, FL 33896

**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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS


TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARLING, JOHN H 209 TOWN CENTER BLVD. DAVENPORT, FL 338965226
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/18/05

863-424-5536