


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000941		
1. Entity Name MCCALL'S BEACH CASTLE GULFIDE, LTD.		

Principal Place of Business 5310 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	Mailing Address 5310 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1023681	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREGORIA, RIC 5310 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 date if applicable

9. Capital Contributions as Shown on record \$1,410,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P00000055932	STREET ADDRESS	
NAME	MCCALL'S BEACH CASTLE GULFIDE CORP.	CITY-ST-ZIP	
STREET ADDRESS	5310 GULF OF MEXICO DRIVE		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/09/05-B0006-005 526.25

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: Jean M. McCall x 4/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Jean M. McCall

STAPLE CHECK HERE