


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A03000001309</b> 1. Entity Name <b>CARLAINE PROPERTIES, LTD.</b>	
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FILED

2005 MAY -3 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>8 SORRENTO DRIVE OSPREY, FL 34229</b>	Mailing Address <b>8 SORRENTO DRIVE OSPREY, FL 34229</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip                      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip                      Country
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04262005    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>54-2121072</b> APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WHEELER, CHARLES F**  
**871 VENETIA BAY BLVD.**  
**SUITE 350**  
**VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name **H. LAUDEN PITTS, PRES.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8 SORRENTO DRIVE**  
 City **OSPREY**                      **FL**    Zip Code **34229**

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: *H. Lauden Pitts, President*                      4-27-05  
Signature, typed or printed name of registered agent and title if applicable.                      DATE

9. Capital Contributions as Shown on record. <b>\$47,000.00</b>	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	
DOCUMENT #	<b>590651</b>
NAME	<b>CAL VENTURES, INC.</b>
STREET ADDRESS	<b>8 SORRENTO DRIVE</b>
CITY-ST-ZIP	<b>OSPREY, FL 34229</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *H. Lauden Pitts*                      4-27-05    941-966-3602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                      Date                      Daytime Phone #

STATE OF FLORIDA