


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 21 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04084		
1. Entity Name CALLAHAN, LTD.		

Principal Place of Business 2145 BROWN STREET CALLAHAN, FL 32011	Mailing Address 2145 BROWN STREET CALLAHAN, FL 32011
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2. Principal Place of Business 3111 PACES MILL ROAD	3. Mailing Address 3111 PACES MILL RD
Suite, Apt. #, etc. SUITE A250	Suite, Apt. #, etc. SUITE A250
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30339	Country COBB

03032005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1738733	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERY RD., STE. 1000 GAINESVILLE, FL 32607		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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
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9. Capital Contributions as Shown on record. \$95,000.00	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 # M03000001595	NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC	STREET ADDRESS	
STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250		CITY-ST-ZIP	
CITY-ST-ZIP ATLANTA, GA 30339			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

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05/10/05--01015--023 **535.00

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: Susan Adams	Date 4/15/05	Daytime Phone #
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STAPLE CHECK HERE