

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:15

DOCUMENT # A04084

1. Entity Name
 CALLAHAN, LTD.



Principal Place of Business
 3111 PACES MILL ROAD, STE A250
 ATLANTA, FL 30339

Mailing Address
 3111 PACES MILL ROAD, STE A250
 ATLANTA, FL 30339

2. Principal Place of Business - No P.O. Box #

45153 Brown St

3. Mailing Address

Suite, Apt. #, etc.

01032007 Chg-LP CR2E003 (12/06)

City & State

Callahan, FL

City & State

4. FEI Number

59-1738733

Applied For

Not Applicable

Zip

32011

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
 HALLMARK GROUP SERVICES OF FLORIDA, LLC
 4040 NEWBERRY RD., STE. 1000
 GAINESVILLE, FL 32607

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # M03000001595
 NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC
 STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250
 CITY-ST-ZIP ATLANTA, GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

2000025016012
 01/19/07--01038--007 **\$508.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 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:

Mark J. Peto

1-11-07

770-984-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE