
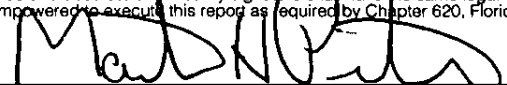


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 APR 14 AM 9:45

DOCUMENT # A04084 1. Entity Name CALLAHAN, LTD.					
Principal Place of Business 45153 BROWN STREET CALLAHAN, FL 32011				Mailing Address 45153 BROWN STREET CALLAHAN, FL 32011	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ATLANTA, GA			
Zip	Country	Zip 30339	Country	4. FEI Number 59-1738733	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERY 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M03000001595 HALLMARK GROUP SERVICES OF FLORIDA, LLC 3111 PACES MILL ROAD, SUITE A-250 ATLANTA, GA 30339		STREET ADDRESS CITY-ST-ZIP	800123065878 04/11/08--01042--005 **508.75	
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date Daytime Phone #					

STAPLE CHECK HERE