



**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A06266</b> 1. Entity Name <b>THE CALINA SOUTHERN COMPANY, LTD.</b>			
Principal Place of Business <b>127 QUAYSIDE DRIVE JUPITER FL 33477</b>		Mailing Address <b>127 QUAYSIDE DRIVE JUPITER FL 33477</b>	
2. Principal Place of Business <b>4401 CAPTAINS WAY JUPITER FLORIDA 33477</b>		3. Mailing Address <b>4401 CAPTAINS WAY JUPITER FLORIDA 33477</b>	
Zip	Country	Zip	Country

**FILED**  
 04 FEB -2 AM 10:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number <b>59-1886304</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BELL, CALVIN E. 127 QUAYSIDE DRIVE JUPITER FL 33477</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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	
9. Capital Contributions as Shown on record. <b>\$2,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			

**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 #	BELL, CALVIN E.	STREET ADDRESS	<b>4401 CAPTAINS WAY</b>
NAME	127 QUAYSIDE DRIVE	CITY-ST-ZIP	<b>Jupiter Florida 33477</b>
STREET ADDRESS	JUPITER FL 33477	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	<b>200028012052</b>
NAME		CITY-ST-ZIP	<b>02/02/04 01056-018 **141.25</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Calvin E Bell* **CALVIN E BELL** **1/21/04** **(561) 746 9550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE