


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06266</b>	
<b>1. Entity Name</b> THE CALINA SOUTHERN COMPANY, LTD.	

<b>Principal Place of Business</b> 4401 CAPTAINS WAY JUPITER FL 33477	<b>Mailing Address</b> 4401 CAPTAINS WAY JUPITER FL 33477
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 59-1886304	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>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</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
<b>9. Capital Contributions as Shown on record.</b> \$2,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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	
NAME	4401 CAPTAINS WAY	CITY- ST- ZIP	
STREET ADDRESS	JUPITER FL 33477		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	000000136004
NAME		CITY- ST- ZIP	01/26/05-80088-001 141.25
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *Calvin E Bell* **1/19/05** **(561) 746 9551**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #