


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A06266 1. Entity Name THE CALINA SOUTHERN COMPANY, LTD.	
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SECURITY DIVISION
 STATE DEPARTMENT

06 FEB 14 AM 11:19

Principal Place of Business 4401 CAPTAINS WAY JUPITER FL 33477	Mailing Address 4401 CAPTAINS WAY JUPITER FL 33477
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[Handwritten signature]

1st MOORE CR2E003 (10/05)

4. FEI Number 59-1886304	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BELL, CALVIN E. 127 QUAYSIDE DRIVE JUPITER FL 33477	

7. Name and Address of New Registered Agent	
Name	BELL, CALVIN E
Street Address (P.O. Box Number is Not Acceptable)	4401 CAPTAINS WAY
City	Jupiter
FL	Zip Code 33477

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 <i>[Signature]</i>	DATE 1/25/06

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	BELL, CALVIN E.	CITY - ST - ZIP	
STREET ADDRESS	4401 CAPTAINS WAY		
CITY - ST - ZIP	JUPITER FL 33477		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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	
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SIGNATURE: <i>[Signature]</i>	DATE 1/25/06	Daytime Phone # (561) 746 9550
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