

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

* FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:25

DOCUMENT # A95000000239

1. Entity Name
 CALA HILLS INVESTMENT GROUP, LTD.



Principal Place of Business
 2400 SW 21 CIR.
 OCALA, FL 34474

Mailing Address
 P.O. BOX 5130
 OCALA, FL 34478-5130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-LP

CR2E003 (11/05)

4. FEI Number
 59-3302263

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLASSMAN, JEROME
 2400 SW 21 CIR.
 OCALA, FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)
 2801-18 SW College Rd.

City

Ocala

FL

Zip Code
 34474

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.

Jerome Glassman 03/30/2006

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # P95000012622
 NAME CALA HILLS INVESTMENT, INC.
 STREET ADDRESS 2400 SW 21 CIR.
 CITY-ST-ZIP OCALA, FL 34474

STREET ADDRESS 2801-18 SW College Rd
 CITY-ST-ZIP Ocala FL 34474

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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

Sharon Glassman 03/30/2006 352.237.1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE