

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 24 AM 10:56

**DOCUMENT # A95000000240**

1. Entity Name  
CALA HILLS PROFESSIONAL PARK, LTD.



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

Mailing Address  
P.O. BOX 1530  
OCALA, FL 34478-5130

2. Principal Place of Business  
2801 SW College Rd

3. Mailing Address  
PO Box 5130

Suite, Apt. #, etc.  
Unit 18

Suite, Apt. #, etc.

03292006 Chg-LP CR2E003 (11/05)

City & State  
Ocala FL

City & State  
Ocala FL 34478-5130

4. FEI Number  
59-3302326

Applied For  
Not Applicable

Zip  
34474

Country

Zip

Country

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, SHARON  
2400 SW 21 CIR.  
OCALA, FL 34474

Name

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

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

Sharon Glassman 04/11/2006

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 # P95000012618  
NAME CALA HILLS PARK, INC.  
STREET ADDRESS 2400 SW 21 CIR.  
CITY-ST-ZIP OCALA, FL 34474

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

DOCUMENT #  
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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 04/11/2006 352.237.1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE