

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000241

CALA HILLS DEVELOPMENT, LTD.

FILED  
98 DEC -9 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |  |   |   |
|---|--|---|---|
| Mailing Address<br>P. O. BOX 740180<br>OCALA FL 34478 | Principal Office Address<br>2801 S.W. COLLEGE ROAD<br>SUITE 18<br>OCALA FL 34474 | 3. Date Formed or Registered<br>02/17/1995  | 5a. Capital Contributions as<br>Shown on record.<br>\$100.00                    |
| 2. Mailing Address<br>Suite, Apt. #, etc.             | 2a. Principal Office Address<br>Suite, Apt. #, etc.                              | 3a. Date of Last Report<br>12/05/1997   | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date.<br>\$100.00       |
| City & State<br>Zip                                   | City & State<br>Zip  | 4. State or Country of Formation<br>FL  | 6. FEI Number<br>59-3302322   |
| Country   | Country  | 7. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional<br>Fee Required | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>GLASSMAN, SHARON<br>2801 S.W. COLLEGE ROAD, SUITE 18<br>OCALA FL 34474 | 10. If changed, new Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br>FL Zip Code |
|---|---|

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

|   |   |   |   |
|---|---|---|---|
| 11. Name(s) of General Partner(s)<br>CALA HILLS DEVELOPMENT, INC. | 11a. Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers)<br>2801 S.W. COLLEGE ROA | 11b. City, State & Zip Code<br>OCALA FL 34474 | 11c. Registration/<br>Document Number<br>P95000012622 |
|---|---|---|---|

800002716758-5  
-12/18/98-01103-005  
\*\*\*\*150.00 \*\*\*\*150.00

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(k). In the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

12/1/98  
352/873-4455

Typed or Printed Name of General Partner Signing Form

Jerome Glassman

Daytime Telephone Number

CR2E003 (8/98)