


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000241</b> 1. Entity Name CALA HILLS DEVELOPMENT, LTD.	
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Principal Place of Business 2400 S.W. 21 CIR OCALA, FL 34474	Mailing Address P.O. BOX 5130 OCALA, FL 34478-5130
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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



03162005 Chg-LP CR2E003 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  GLASSMAN, SHARON 2400 S.W. 21 CIR OCALA, FL 34474
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$100.00</b>
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**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	STREET ADDRESS	
NAME	CALA HILLS DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2400 S.W. 21 CIR		
CITY-ST-ZIP	OCALA, FL 34474		
DOCUMENT #		STREET ADDRESS	1000000273700
NAME		CITY-ST-ZIP	03/23/05-80039-005 141 25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  Sharon Glassman 03/16/2005 (352) 237-1186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA