

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:56

DOCUMENT # A95000000241

1. Entity Name
CALA HILLS DEVELOPMENT, LTD.



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

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



2. Principal Place of Business
2801 SW College Rd

3. Mailing Address

Suite, Apt. #, etc.
Unit 18

Suite, Apt. #, etc.

City & State
Ocala FL

City & State

Zip
34474

Country

Zip

Country

03292006

Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3302322

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, SHARON
2400 S.W. 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 04/11/1006

Signature, typed or printed name of registered agent and title if applicable.

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 DEVELOPMENT, INC.
STREET ADDRESS 2400 S.W. 21 CIR
CITY-ST-ZIP Ocala, FL 34474

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

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STREET ADDRESS
CITY-ST-ZIP

100074081301
05/05/06--01049--011 **500.00

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 04/11/1006 352.237.1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE