

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000241

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** CALA HILLS DEVELOPMENT, LTD.

**Current Principal Place of Business:**

2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5130  
OCALA, FL 344785130

**New Mailing Address:**

PO BOX 5130  
OCALA, FL 344785130

**FEI Number:** 59-3302322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLASSMAN, SHARON  
2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P95000012622  
Name: CALA HILLS DEVELOPMENT, INC.  
Address: 2801 SW COLLEGE RD UNIT 18  
City-St-Zip: OCALA, FL 34474

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBRA FOWLER

ST

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date