


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # A96000001156
 1. Entity Name
MCCALLISTER FAMILY LIMITED PARTNERSHIP



Principal Place of Business 82 PINE STREET HOMOSASSA, FL 34446	Mailing Address 82 PINE STREET HOMOSASSA, FL 34446
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DO NOT WRITE IN THIS SPACE



03252007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3377131	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CRIDER LAW FIRM, P.A.
 521 W FORT ISLAND TRAIL
 CRYSTAL RIVER, FL 34429

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCCALLISTER, CHARLES E 82 PINE STREET HOMOSASSA, FL 34446
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCCALLISTER, REBA JEANNE 82 PINE STREET HOMOSASSA, FL 34446
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 04/04/07-80014-007 500.00

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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 Charles E. McCallister **CHARLES E. MCCALLISTER** 03/17/07 352-382-0264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE