

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000001156

**FILED**  
**Mar 14, 2009**  
**Secretary of State**

**Entity Name:** MCCALLISTER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

82 PINE STREET  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

82 PINE STREET  
HOMOSASSA, FL 34446

**New Mailing Address:**

**FEI Number:** 59-3377131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRIDER LAW FIRM, P.A.  
521 W FORT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429 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 #:

Name: MCCALLISTER, CHARLES E

Address: 82 PINE STREET

City-St-Zip: HOMOSASSA, FL 34446

Document #:

Name: MCCALLISTER, REBA JEANNE

Address: 82 PINE STREET

City-St-Zip: HOMOSASSA, FL 34446

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

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: CHARLES MCCALLISTER

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

03/14/2009

\_\_\_\_\_ Date