
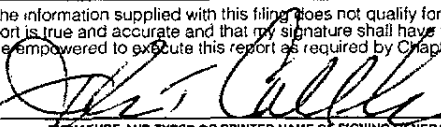


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001588					
1. Entity Name CALAMARI, LTD.					
Principal Place of Business 735 NORTH THORNTON AVENUE ORLANDO, FL 32803			Mailing Address 735 NORTH THORNTON AVENUE ORLANDO, FL 32803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3525950	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIERMONT, SUNIA 735 NORTH THORNTON AVENUE ORLANDO, FL 32803				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$110,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	LAKEHURST DEVELOPERS, INC. 735 NORTH THORNTON AVENUE ORLANDO, FL 32803			STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP				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)(i), 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: 				John T Callahan III 7/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE



03192004 Chg-LP CR2E003 (10/03)

000000158523
05/07/04-80025-010 526.25