

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 25 AM 11:08

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RJH

DOCUMENT # L01000006870 1. Entity Name CALLAWAY PARK PARTNERS, LLC	
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Principal Place of Business 5779 NW 151 ST HIALEAH, FL 33014	Mailing Address 5779 NW 151 ST HIALEAH, FL 33014
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2. Principal Place of Business 1160 Palmetto Frontage Rd Suite, Apt. #, etc. 21	3. Mailing Address 1160 Palmetto Frontage Rd. Suite, Apt. #, etc. 21
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City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33016 Country	Zip 33016 Country

03282004 Chg-LLC CR2E083 (10/03) 5/25

4. FEI Number 14-1874307	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ GREENBERG TRAUIG PA 1221 BRICKELL AVE SUITE 2100 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete CAPARROS, MARTIN JR 3822 W 12TH AVE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Martin Caparros* 4/30

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #