


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000070161 1. Entity Name CALLOWAY INVESTMENT PROPERTIES, LLC	
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Principal Place of Business 314 MADGNOLIA AVE. PANAM CITY, FL 32401	Mailing Address 314 MADGNOLIA AVE. PANAM CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1710738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FT. LAUDERDALE, FL 33311

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

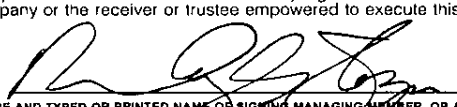
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR R.W. WESTERLY CONSTRUCTION, INC. 5238 JULIE DRIVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NORTHSHORE INVESTMENT PROPERTIES, INC. 314 MAGNOLIA AVE. PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000780468
01/14/08-80022-021 138.75

**DO NOT WRITE
IN THIS SPACE**

11. 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 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:  **1/8/08** **851-285-5553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #