

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070161

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** CALLOWAY INVESTMENT PROPERTIES, LLC

**Current Principal Place of Business:**

314 MADGNOLIA AVE.  
PANAM CITY, FL 32401

**New Principal Place of Business:**

314 MAGNOLIA AVE.  
PANAM CITY, FL 32401

**Current Mailing Address:**

314 MADGNOLIA AVE.  
PANAM CITY, FL 32401

**New Mailing Address:**

314 MAGNOLIA AVE.  
PANAM CITY, FL 32401

**FEI Number:** 20-1710738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FILINGS, INC.  
3732 NORTHWEST 16TH STREET  
FT. LAUDERDALE, FL 33311 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: R.W. WESTERLY CONSTR, UCTION, INC.  
Address: 5238 JULIE DRIVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGR ( ) Delete  
Name: NORTSHORE INVESTMEN, T PROPERTIES, I NC.  
Address: 314 MAGNOLIA AVE.  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 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:** JAY W. MANUEL

MGR

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date