

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:19



1. Name of Limited Partnership

1a. DOCUMENT #  
**A07231**

**CALLAHAN PLAZA ASSOCIATES, LTD.**

Mailing Address

1801 N.W. NORTH RIVER DR.  
SUITE 109  
MIAMI FL 33125

Principal Office Address

1801 N.W. NORTH RIVER DR.  
SUITE 109  
MIAMI FL 33125

3. Date Formed or Registered

01/30/1979

5a. Capital Contributions as  
Shown on record.

**\$3,000,000.00**

3a. Date of Last Report

09/29/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

**\$ 612,500.00**

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number  
**59-1956854**

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**PRICE, KENNETH J**  
**8475 S.W. 185TH TERRACE**  
**MIAMI FL**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

3000002015389-7

11/27/96-01003-016

\*\*\*576.25 \*\*\*576.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

PRICE, KENNETH J

8475 SW 185 TERRACE

MIAMI FL 33157

PRICE, DENNIS J

12733 83RD AVE. NORTH

SEMINOLE FL 34646

FROST, GERALDINE A

2512 CLARA ~~KEE~~ BLVD.

TALLAHASSEE FL 32303

**KWM**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

**KENNETH J. PRICE**

Daytime Telephone Number

**305-325-1357**

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/96)