FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

CALLAHAN PLAZA ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A07231

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 22 AM 8: 46



12/18/97

305-325-1357

28. Principal Office Address 28. Principal Office Address FL \$612,500.0 Sulte, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country 7p Country 7p Country 7p Country 10. It changed, new Registered Agent/Office PRICE, KENNETH J 8476 S.W. 185TH TERRACE MIAMI FL Suite, Apt. #, etc. 10. It changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent Agent Agent/Office Name Street Address (P.O. Box Number is Not Accoptable) Suite, Apt. #, etc. 10. It changed new Registered Agent Age	IOI N.W. NORTH RIVER DR.	Principal Office Address		3. Date Formed or Registered	59 Coni	
SUITE 109 MIAMI FL 33125 SUITE 109 MIAMI FL 33127 SUITE 100 MIAMI FL 33127	JITE 109			1	Show	al Contributions as n on record.
MIAMI FL 33125 Description of Country of Formation File Office Address Flowers and Control of Country of Formation File Office Address Flowers Flowers Address Flowers Address Flowers Address Flowers Flower				E2 MM M		000 000
2. Malling Address 2a. Principal Office Address 5b. Amount of Capital Controlutions in Pt Controlutions	AMI FI 33125			3a. Date of Last Report		10,000,00
2. Malling Address 2. Principal Office Address FL \$612,500.0 Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State City & State To Country Typ Typ Typ Typ Typ Typ Typ T	AIR TO GOISO	MIAMI FL 33125			5b. Amount of Capital Contributions in FLORIDA	
Sulte, Apt. #, etc. PRICE, KENNETH J 8475 S.W. 185TH TERRACE MIAMI FL Sulte, Apt. #, etc.	Malling Address	28. Principal Office Address		4. State or Country of Formation	to da	le:
Applied For Not Applied For State Sp-1956854 Applied For State Sp-1956854 Applied For Not Applied For State Sp-1956854 Applied For Not Applied For State Sp-1956854 Applied For Face Applied F				FL	\$612,500.00	
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Replace Requirement Registered Agent Replaced Age	ity & State	Cily & State				Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is.Not Acceptable) Street Address (P.O. Box Number Is.Not Acceptable) Suite, Apt. 4, etc. -017057980100602 City FL City PRICE, KENNETH J Suite, Apt. 4, etc. -017057980100602 Suite, Apt. 4, etc.	io Country	Ziro	Country	7. Certificate of Status Desired		\$8.75 Additional Fee Required
PRICE, KENNETH J 8475 S.W. 185TH TERRACE MIAMI FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Otty FL City FL City FL City FL Other purpose of changing its registered office or registered agont, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620 192, Florida Statules. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) PRICE, KENNETH J 8475 SW 185 TERRACE MIAMI FL 33157	p country	240	Country	8. Make check payable to: Dept. o	f State (See rev	
PRICE, KENNETH J 8475 S.W. 185TH TERRACE MIAMI FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, etc01705798 -01006 -02 City FL	Q Name and Address of C	surrent Registered Agent		10. Hebaned and Decity of 1977		
Street Address (P.O. Box Number is Not Acceptable) 2388855 MIAMI FL Suite, Apt. #, etc017057980100602 *****541.25 *****541 City *****541.25 ******541 City *****541.25 ******541 The purpose of changing its registered office or registered agonl, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(e) 11a. (Do NOT Use Post Office Box Numbors) NIAMI FL 33157 MIAMI FL 33157		and hogistator Again	Name	TO: TOTALISEO, NOW HOGISTON	ed Agentonice	
City	•		Street Address (P.C). Box Number <u>Is Not Acceptable)</u>		
City FL Zip Code			500002388865			
City FL Zip Code The 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 for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. INDITION OF COMMENT OF THE PROPRET OF THE P	MIAMI FL		Suite, Apt. #, etc.	~U17U3	2/30~~U. :41 20	!UUԾ~~U๕๕ - \$\$\$\$\$©11 - Ɗ©
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MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 12. Name(s) of General Partner(s) 13. Name(s) of General Partner(s) 14	GNATURE (Registered Agent Accepting Appointment	int)				NESS ENTIT
PRICE, KENNETH J 8475 SW 185 TERRACE MIAMI FL 33157	M	<u>UST BE REGISTERED AN</u>	ND ACTIVE W	ITH THIS OFFICE.	.11 0031	ALSS ENTIT
	Name(s) of General Partner(s)	11a. Address of Each Gener (Do NOT Use Post Office E	ral Partner Box Numbors) 11b	. City, State & Zip Code	11c.	Registration/ Document Number
PRICE, DENNIS J 12733 83RD AVE. NORTH SEMINOLE FL 34646						
	PRICE, KENNETH J	8475 SW 185 TERRACE	M	IAMI FL 33157	ĺ	
KEE						
FROST, GERALDINE A 2512 CLARA KEN BLVD. TALLAHASSEE FL 32303	PRICE, DENNIS J	12733 83RD AVE. NORTI	H S			
			TH S	EMINOLE FL 34646		
	PRICE, DENNIS J	12733 83RD AVE. NORTI	TH S	EMINOLE FL 34646		
	PRICE, DENNIS J	12733 83RD AVE. NORTI	TH S	EMINOLE FL 34646		

Corporations from any liability of non-compliance with Soction 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this reports required by chapter (50), Florida Statutes.

KENNETH J. PRICE