

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A07231**

1. Entity Name  
**CALLAHAN PLAZA ASSOCIATES, LTD.**



Principal Place of Business  
**1901 N.W. NORTH RIVER DR.  
SUITE 109  
MIAMI, FL 33125**

Mailing Address  
**1901 N.W. NORTH RIVER DR.  
SUITE 109  
MIAMI, FL 33125**



01162007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1956854**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	NAME	PRICE, KENNETH J
STREET ADDRESS	STREET ADDRESS	8475 SW 185 TERRACE
CITY-ST-ZIP	CITY-ST-ZIP	MIAMI, FL 33157
DOCUMENT #	NAME	PRICE, DENNIS J
STREET ADDRESS	STREET ADDRESS	12733 83RD AVE NORTH
CITY-ST-ZIP	CITY-ST-ZIP	SEMINOLE, FL 34646
DOCUMENT #	NAME	FROST, GERALDINE A
STREET ADDRESS	STREET ADDRESS	2512 CLARA KEE BLVD.
CITY-ST-ZIP	CITY-ST-ZIP	TALLAHASSEE, FL 32303
DOCUMENT #	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	

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02/21/07-80050-003 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/05/07 305-325-1357

Date

Daytime Phone #