

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 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**



04292008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FE# 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, 2008, 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 **8475 SW 185 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33157**

DOCUMENT #
NAME **PRICE, DENNIS J**
STREET ADDRESS **12733 83RD AVE NORTH**
CITY-ST-ZIP **SEMINOLE, FL 34646**

DOCUMENT #
NAME **FROST, GERALDINE A**
STREET ADDRESS **2512 CLARA KEE BLVD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000343590
05/29/08-80085-025 500.00

**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: _____

Kenneth J. Price
Partner

04/29/08

Date

305-325-1357

Daytime Phone #