FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	NO WE THE			I 00	MAD IS ON LOO
1. Name of Limited Partnership	1a. A3	DOCUM 0474	ENT#		MAR 12 PM 1:09
CALLWOOD HOLDINGS, LT	D.)	
Mailing Address	Principal Offic	ce Address	<u></u>	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O-DAVID 1954 E. SUNRISE BLVD.	6209 NW 1	7 ST		08/10/1990	i .
SHOE STORE FT. LAUDERDALE FE \$83041400	MARGATE			38. Date of Last Report	\$138,000.00
US NE	W Add	AddRESS		12/30/1996 5b. Amount of Capital Contributions in FLORIDA	5b. Amount of Capital Contributions in FLORIDA to, date:
2. Malling Address 2377WoodLANDS WA	44 23	al Office Address 77- Wood	blands Way	<u> </u>	түхгене:
Suite, Apt. #, etc. DEER CREEK City & State	Suite, Apt. #	ses Cree	k	6. FEI Number 65-0209587	Applied For Not Applicable
DISERFIELD BEAC		Derfield	Boh, FL	7. Certificate of Status Desired	\$8.75 Additional Fee Required
33442 Bower	1 33	442.	Boward	8 Make check payable to: Dept. of	f State (See reverse side for fee informatio
9, Name and Address of Cu	urrent Registered Agent			10. If changed, new Registere	ad Agent/Office
KRAMER, ROBERT M.			Name		
KRAMER & ZUCKERMAN, P.A.			Street Address (P.O. E	lox Number Is Not Acceptable)	
4000 HOLLYWOOD BLVD., SUITE 485 S.			Suite, Apt. #, etc. 45B8UUF:		
HOLLYWOOD FL 33021			City	<u> </u>	7798==01806=001
			City,	was a second	oc EL
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliging	ice or registered agent, or	both, in the State of Flo	nd limited partnership orga	加ized or registered under the laws of the thorized by its general partner(s). I her	he State of Florida, submits this statement
for the purpose of changing its registered offi- agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen	ice or registered agent, or gations of section 620.192	both, in the State of Flo	od limited partnership orga rida, Such change was au	thorized by its general partner(s). I her	he State of Florida, aubmits me statement eby accept the appointment of registered
for the purpose of changing its registered offi- agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH.	ice or registered agent, or gations of section 620.192 nt) AT IS A CORF UST BE REGI	both, in the State of Flo t, Fiorlda Statules. PORATION, I STERED AN	id limited partnership organida. Such change was au LIMITED PART D ACTIVE WIT	thorized by its general partner(s). I her	he State of Florida, aubmits me statement eby accept the appointment of registered
for the purpose of changing its registered offi- agent. 1 am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH.	ice or registered agent, or gations of section 620.192 nt) AT IS A CORF UST BE REGI	both, in the State of Flo P. Florida Statutes.	id limited partnership organida. Such change was au LIMITED PART D ACTIVE WIT	thorized by its general partner(s). I her DATE	he State of Florida, aubmits me statement eby accept the appointment of registered
for the purpose of changing its registered offi- agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH, MI	ice or registered agent, or gations of section 620.192 nt) AT IS A CORF UST BE REGI	both, in the State of Flo t, Fiorlda Statules. PORATION, I STERED AN	ad limited partnership organida. Such change was au LIMITED PART D ACTIVE WITH STATE OF THE STATE OF T	DATE THE THIS OFFICE.	he State of Florida, aubmitte me statement of registered appointment o
for the purpose of changing its registered offi- agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH. Mu 11. Name(s) of General Partner(s)	ice or registered agent, or gations of section 620.192 nt) AT IS A CORF UST BE REGI	PORATION, I STERED AN Address of Each Genera NOT Use Post Office Bo	Id limited partnership organide. Such change was au LIMITED PART D ACTIVE WITH ACTIVE WIT	DATE THE THIS OFFICE. City, State & Zip Code	he State of Florida, aubmitte me statement of registered appointment o

DAVID CALLEIA Typed or Printed Name of General Partner Signing Form