

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		A30474 SECRETARY OF STATE DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 23 AM 10:28	
1. Name of Limited Partnership <div style="font-size: 2em; font-family: cursive;">CALLWOOD Holdings, Ltd</div>		1a. DOCUMENT # <div style="font-size: 2em; font-family: cursive;">A30474</div>			
Mailing Address <div style="font-size: 1.2em; font-family: cursive;">CALLWOOD Holding 2377-Woodlands Way C/O DAVID CALLEIA DEERFIELD Bch, FL 33442</div>		Principal Office Address <i>SAME</i>		3. Date Formed or Registered <div style="font-size: 1.5em; font-family: cursive;">8-10-90</div>	
2. Mailing Address <div style="font-size: 1.2em; font-family: cursive;">SAME</div>		2a. Principal Office Address 		3a. Date of Last Report <div style="font-size: 1.5em; font-family: cursive;">12-31-97</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. State or Country of Formation <div style="font-size: 1.2em; font-family: cursive;">FL. Broward</div>	
City & State 		City & State 		5a. Capital Contributions as Shown on record. <div style="font-size: 1.5em; font-family: cursive;">\$138,000.00</div>	
Zip 		Zip 		5b. Amount of Capital Contributions in FLORIDA 	
Country 		Country 		6. FEI Number <div style="font-size: 1.5em; font-family: cursive;">65-0209587</div>	
7. Certificate of Status Desired 		8. Make check payable to: Dept. of State (See reverse side for fee information)		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <div style="font-size: 0.8em;">\$8.75 Additional Fee Required</div>	
9. Name and Address of Current Registered Agent					
<div style="font-size: 1.2em; font-family: cursive;">KRAMER, ROBERT M. KRAMER + ZUCKERMAN, PA 4000 Hollywood Blvd 33021 HOLLYWOOD FL. 33021</div>					
10. If changed, new Registered Agent/Office					
Name 					
Street Address (P.O. Box Number Is Not Acceptable) 					
Suite, Apt. #, etc. 					
City 					
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	
<div style="font-size: 1.5em; font-family: cursive;">CALLEIA DAVID</div>		<div style="font-size: 1.2em; font-family: cursive;">2377 WOODLANDS WAY DEERFIELD BEACH FLORIDA 33442-1289</div>		<div style="font-size: 1.2em; font-family: cursive;">DEERFIELD BEACH FLORIDA 33442-1289</div>	
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 <div style="font-size: 1.5em; font-family: cursive;">David Calleia</div> DATE <div style="font-size: 1.2em; font-family: cursive;">12-21-98</div>					
Typed or Printed Name of General Partner Signing Form <div style="font-size: 1.2em; font-family: cursive;">DAVID CALLEIA</div> Daytime Telephone Number <div style="font-size: 1.2em; font-family: cursive;">954-571-9760</div>					

CR2E003 (b,3)