DUE MAY 12000 2000 UNIFORM BUSINESS REPORT (UBR) A30474 **DOCUMENT #** FILED 1. Entity Name CALLWOOD HOLDINGS, LTD. 00 FEB -4 PM 2: 24 SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business C/O DAVID CALLEIA C/O DAVID CALLEIA 2377 WOODLANDS WAY 2377 WOODLANDS WAY DEERFIELD BEACH FL 33442-1289 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address SAMEAS AbovE D.C ABOUED SAME AS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0209587 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRAMER, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 S. HOLLYWOOD FL 33021 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions in FI ORIDA to date. / 38,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$138,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS CALLEIA, DAVID NAME 2377 WOODLANDS WAY STREET ADDRESS -02/10/00--01005--004 CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with

I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature chall 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, Tjorida Statutes