2000	UNIFORM BUSI	APPROVED *	- New York				
DOCUI	MENT # A9300		00 41	FILED			
CALLAW	ay plaza associates, Ltd.	PR -3 AMII: 38					
<u></u> .	·	ETARY OF STATE HASSEE, FLORIDA	to we starte				
Principal Place of Business ATTN: RICHARD A. SCHNEIDER -22822 PINEWOOD -CT. -BOCA RATON-FL 33433. Address ATTN: RICHARD A. SCHNE -22822 PINEWOOD -CT. -BOCA RATON-FL 33437-648			EIDER		INIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
2. Principal Pl) 			
6866 Suite, Apt.	Treves Way #, etc.	6866 Treves Suite, Apt. #, etc.	6866 Treves Way Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	ton Beach, FL	City & State Boynton Beach, FL			4. FEI Number 65-0386	190	Applied For Not Applicable
Zip 33437		Zip 33437	Country		5. Certificate of Status Desire		75 Additional Required
	6. Name and Address of Current R				7. Name and Address of Na		
-MULLEN, JOSEPH P ESQ: 2419 EAST-COMMERCIAL BLVD. FT. LAUDERDALE-FL-33308			Street A	Thomas S. Olesiewicz, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd., #4800			
				FtLauderdale, FL Zip Code 333309			
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 Fiorida.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE							
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 1,300,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
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.	13.			CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P93000003327 CALLAWAY PLAZA INC. 22822-PINEWOOD GT- BOGA-RATON-FL 33433-	STREET ADDRESS		6866 Treves Way Boynton Beach, FL 33437			
DOCUMENT #			STREET ADDRESS	1 207	ALLON BEACH, F	<u> </u>	
NAME STREET ADDRESS CITY - ST - ZIP			_CITY-ST-ZIP		and a common of the angle of the common of t	ميد ريسد مدير . س	
DOCUMENT / NAME STREET ADDRESS			STREET ADDRESS		600003 -04/1 ****	<u>9/0001020</u>	662 0001 **\$26,25
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>			
NAME STREET ADDRESS		:	STREET ADORESS CITY-ST-ZIP			<u></u>	
CITY-ST-ZIP DOCUMENT #		,	STREET ADDRESS	<u> </u>	<u></u>		
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT#		, <u></u>	STREET ADORESS				
STREET ADDRESS CITY+ST-ZIP			CITY-ST-ZIP				
14. I hereby certify that the information supplied with this 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 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 WAME OF SIGNING GENERAL PARTNER Date Date Date Daylime Phone #							