

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009010 AF

**DOCUMENT # A93000000066**

1. Entity Name  
**CALLAWAY PLAZA ASSOCIATES, LTD.**

**FILED**  
**01 APR 30 PM 6:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**6866 TREVES WAY**                      **6866 TREVES WAY**  
**BOYNTON BEACH FL 33437**              **BOYNTON BEACH FL 33437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0386190</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>OLESIEWICZ, THOMAS S C.P.A.</b> <b>2101 W. COMMERCIAL BLVD., #4800</b> <b>FT. LAUDERDALE FL 33309</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_)

9. Capital Contributions as Shown on record. <b>\$1,300,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P93000003327</b>	STREET ADDRESS	<b>300004217918--6</b>
NAME	<b>CALLAWAY PLAZA INC.</b>	CITY-ST-ZIP	<b>-05/15/01--01104--012</b>
STREET ADDRESS	<b>6866 TREVES WAY</b>		<b>****526.25 ****526.25</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>		
DOCUMENT #		STREET ADDRESS	<i>537</i>
NAME		CITY-ST-ZIP	<i>5711</i>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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]* **Richard Schneider, Pres.** *4/25/01* **738-4858** *(516)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Callaway Plaza Inc.* Date Daytime Phone #

CR2E003 (11/00)