


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 26, 2004 08:00 AM
Secretary of State**

| | | | | |
|---|-------------------------|---|---|---|
| DOCUMENT # A93000000066 | | | |  |
| 1. Entity Name CALLAWAY PLAZA ASSOCIATES, LTD. | | | | |
| Principal Place of Business 6866 TREVES WAY BOYNTON BEACH, FL 33437 | | Mailing Address 6866 TREVES WAY BOYNTON BEACH, FL 33437 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 5. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent |
| OLESIIEWICZ, THOMAS S C.P.A. 2101 W. COMMERCIAL BLVD., #4800 FT. LAUDERDALE, FL 33309 | | | | Name |
| | | | | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | City |
| | | | | FL 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. I am familiar with, and accept the obligations of registered agent. | | | | |
| SIGNATURE _____ | | | | DATE _____ |
| 9. Capital Contributions as Shown on record. \$1,300,000.00 | | | | 10. Amount of Capital Contributions in FLORIDA to date. |
| 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 # | P93000003327 | | STREET ADDRESS | |
| NAME | CALLAWAY PLAZA INC. | | CITY-ST-ZIP | |
| STREET ADDRESS | 6866 TREVES WAY | | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | | |
| DOCUMENT # | | | STREET ADDRESS | |
| NAME | | | CITY-ST-ZIP | |
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| 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)(f), 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: _____ | | | Richard Schneider Pres. of Callaway Plaza, Inc. | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date | Daytime Phone # |



04152004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0386190 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE

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