2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # A9300000066 1. Entity Name CALLAWAY PLAZA ASSOCIATES, LTD.						Se	ecreta	ry of Stat
Principal Place of Busines 6866 TREVES WAY BOYNTON BEACH, FL 3		Mailing Address 6866 TREVES WAY BOYNTON BEACH, FL	. 33437	•		· · · · · · · · · · · · · · · · · · ·	iir Ba'iir Warii War	
2. Principal Place of Busi	ness	3. Mailing Address	·	t manger . Na				
Suite, Apt, #, etc.		Suite, Apt, #, etc.	<u> </u>		03302005	Chg-LP	CR2E0	03 (10/03)
City & State		City & State			4. FEI Numbe 65-0386			Applied For Not Applicable
Zip	Country	Zip	Countr	у		of Status Desired		8.75 Additional ee Required
6. Nam	and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New F	legistered A	gent
OLESIEWICZ, THO 2101 W. COMMERC FT. LAUDERDALE,	CIAL BLVD., #4800		- - -		P.O. Box Numbe	r is Not Acceptable		Zip Code
		for the purpose of changing in	its registered		red agent, or both	, in the State of Flo	FL orlda. I am fa	
the obligations of regis	tered agent.					4-, - -	1	
SIGNATURE Signature, types	or printed name of registered age	nt and little if applicable.		<u> </u>	:	<u> </u>	DATE	
Capital Contributions as Shown on record.	\$1,300,000.00	10. Amount of Cap in FLORIDA to		itlons				
A (GENERAL PARTNER: General Partners N	THAT IS A BUSINESS E IAY NOT be changed on	NTITY MU	ST BE REGIST an amendmen	TERED AND A	CTIVE WITH TH	IS OFFICE eneral part	ner.
12. GENERAL PARTNER INFORMATION DOCUMENT (P93000003327			, _ 13,			ADDRESS CH	ANGES ONL	Υ
NAME CALLAW STREET ADDRESS 6866 TRE	AY PLAZA INC. EVĒS WAY N BEACH, FL 33437		STREET CITY-S	T-ZIP				
DOCUMENT #		<u> </u>	STREET	ADDRESS		 	·	
STREET ADDRESS — CITY-ST-ZIP			CiTY-S	1-ZIP				
DOCUMENT F		<u> </u>	STREET	ADDRESS			1345782 -80048-1	025 526.25
STREET ADDRESS CITY-ST-ZIP		٠ مشتور	€	T-ZIP				
DOCUMENT / NAME			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		<u></u>	CITY-S	t-ZIP				
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			STREET	ADDRESS	<u> </u>			
			CITY-SI	1 - ZIP				
DOCUMENT #			STREET	ADDRESS		. · . · . ·	_	
STREET ADDRESS CITY-ST-ZIP			city-st			<u> </u>		`
thereby certify that the indicated on this report the receiver or trustee.	e information supplied w rt is true and accurate an empowered to execute,	th this filing does not qualify for dithat my signature shall have his report as required by Cha	or the exemple the same lapter 620, Fig.	- Richa	ction 119.07(3)(i) nade under oath; rd Schnet Callaway	lder /	further certiful Partner of the	y that the information ne limited partnership or