

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001671</b> 1. Entity Name <b>CALLAWAY LAND &amp; CATTLE CO. LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>30395 N.W. 72ND AVE.          OKEECHOBEE, FL 34972</b>			Mailing Address <b>P.O. BOX 370          OKEECHOBEE, FL 34973</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04112005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-3281214</b>	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>FEE, FRANK H III          603 N. INDIAN RIVER DR.          SUITE 104          FORT PIERCE, FL 34950</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL    Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable)</small>					
9. Capital Contributions as Shown on record <b>\$11,603,556.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>665938</b> NAME <b>CALLAWAY LAND &amp; CATTLE CO., INC.</b> STREET ADDRESS <b>30395 N.W. 72ND AVE.</b> CITY-ST-ZIP <b>OKEECHOBEE, FL 34972</b>			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS 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					
<b>SIGNATURE:</b> <b>John Holcomb Jr.</b> <b>4/12/05</b> <b>863-467-6545</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>					

STAPLE CHECK HERE