

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 27 AM 9:56

<b>DOCUMENT # A94000001671</b> 1. Entity Name CALLAWAY LAND & CATTLE CO. LIMITED PARTNERSHIP					
Principal Place of Business 30395 N.W. 72ND AVE. OKEECHOBEE, FL 34972		Mailing Address P.O. BOX 370 OKEECHOBEE, FL 34973			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 30395 NW 72nd Ave			
City & State		City & State Okeechobee, FL			
Zip		Zip 34972			
Country		Country US			
4. FEI Number 59-3281214		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Chg-LP CR2E003 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEE, FRANK H III 603 N. INDIAN RIVER DR. SUITE 104 FORT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Fee, Frank H. III Street Address (P.O. Box Number is Not Acceptable) 401-A S. Indian River Dr. City Fort Pierce FL Zip Code 34950	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	665938		STREET ADDRESS		
NAME	CALLAWAY LAND & CATTLE CO., INC.		CITY-ST-ZIP		
STREET ADDRESS	30395 N.W. 72ND AVE.		STREET ADDRESS	700069948947	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	04/10/06--01052--002 **508.75	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			3/21/06 863-467-6565		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE