A95000000910

AMARI, THERIAC & EISENMENGER, P.A.

Attorneys and Counselors At Law

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Anthony A. Gargunese
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Reply To: Cocoa

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Cocoa, Florida 32922-7998
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A95000000910

June 6, 1995

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

300001511413
-06/13/95--01026--001
****140.00 ****140.00

RE: CALLOWAY PARTNERS, LTD.

BK 6/12/95

Ladies and Gentlemen:

Enclosed for filing is the original and a copy of the proposed Certificate of Limited Partnership for the above-named limited partnership, Affidavit, Certificate of Acceptance of Registered Agent, and our client's check in the amount of $140.00 to cover the following fees:

Filing Fee	$ 52.50
Certified copy of Certificate of Limited Partnership	52.50
Registered Agent Designation	35.00

FILED
95 JUN 12 AM 5:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Once these documents have been filed, please return a certified copy to me at the above address.

If you have any questions concerning the foregoing, please do not hesitate to contact me.

Yours very truly,

AMARI, THERIAC & EISENMENGER, P.A.

Carla Neeley Freitag

Carla Neeley Freitag

CNF/pb

cc: Robert W. Williams (w/out encls.)

cp\williams.rfl\p\letter.001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 12 AM 9:19

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CALLOWAY PARTNERS, LTD.

The undersigned, desiring to form a limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act (1986) and being duly sworn does certify as follows:

1. The name of the Partnership is CALLOWAY PARTNERS, LTD.

2. The principal place of business of the Partnership is located at 11450 South Tropical Trail, Merritt Island, Florida 32952. The name of the registered agent of the Partnership at such address is Robert W. Williams.

3. The names and address of the general partner are as follows:

Robert W. Williams, as Trustee
11450 South Tropical Trail
Merritt Island, Florida 32952

4. The mailing address of the Partnership is 11450 South Tropical Trail, Merritt Island, Florida 32952.

5. The Partnership's existence shall begin upon the issuance of a Certificate of Authority to do Business by the State of Florida and shall continue until 12:00 o'clock noon on December 31, 2025, unless sooner terminated pursuant to the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned executed this Certificate as the General Partner this 6th day of June, 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 5:19

WITNESSES:

GENERAL PARTNER:

ROBERT W. WILLIAMS, as Trustee of the ROBERT W. WILLIAMS TRUST DATED JUNE 6, 1995

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this June 6, 1995, by **ROBERT W. WILLIAMS, as Trustee of the ROBERT W. WILLIAMS TRUST DATED JUNE 6, 1995**, who is personally known to me to be the General Partner of CALLOWAY PARTNERS, LTD., who has produced sufficient identification, and who did take an oath.

NOTARY PUBLIC

OFFICIAL SEAL
Shauny S. Kronfield
My Commission Expires
Aug. 17, 1996
Comm. No. CC 222958

AFFIDAVIT

The undersigned, being the General Partner of CALLOWAY PARTNERS, LTD., a Florida limited partnership, hereby certifies that the limited partners of the Partnership will be contributing certain property to the Partnership, the value of which is $100. A total of $7,500 is anticipated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 5:19

WITNESSES:

ROBERT W. WILLIAMS, as Trustee of the ROBERT W. WILLIAMS TRUST DATED JUNE 6, 1995

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this June 6, 1995, by **ROBERT W. WILLIAMS, as Trustee of the ROBERT W. WILLIAMS TRUST DATED JUNE 6, 1995**, who is personally known to me to be the General Partner of CALLOWAY PARTNERS, LTD., who has produced sufficient identification, and who did take an oath.

NOTARY PUBLIC

OFFICIAL SEAL
Shauny S. Kronfield
My Commission Expires
Aug. 17, 1996
Comm. No CC 222958

FILED
95 JUN 12 AM 5:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT AND STREET ADDRESS FOR SERVICE OF PROCESS FOR CALLOWAY PARTNERS, LTD.

Pursuant to Section 48.061, Florida Statutes, I hereby accept the foregoing designation as registered agent of CALLOWAY PARTNERS, LTD. for service of process within the State of Florida at 11450 South Tropical Trail, Merritt Island, Florida 32952.

Robert W. Williams

ROBERT W. WILLIAMS

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

10·3

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 OCT -2 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000910

CALLOWAY PARTNERS, LTD.

96AR
CM

Mailing Address
11450 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

Principal Office Address
11450 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

700001606372
-10/11/95--01058--020
*****191.25 *****191.25

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip
MERRITT ISLAND, FL 32952

3. Date Formed or Registered to Do Business in FLORIDA 06/12/1995

3a. Date of Last Report 6/12/95

4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record **$7,500.00**

5b. Amount of Capital Contributions in FLORIDA to date -0-

6. FEI Number 59-3320808

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$8.75 Additional Fee required for a Certificate of Status

8. **FEES:** 1) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. **Name and Address of Current Registered Agent**
WILLIAMS, ROBERT W
11450 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

10. If changed, new Registered Agent/Office
Name NA
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WILLIAMS, ROBERT W TRUSTEE	11450 SOUTH TROPICAL	MERRITT ISLAND FL 329	

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Robert W. Williams DATE 9/30/95

Typed or Printed Name of General Partner Signing Form ROBERT W. WILLIAMS Telephone Number 407-777-1007

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