

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 26 PM 3:50

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1. Name of Limited Partnership	1a. DOCUMENT # A95000000910
CALLOWAY PARTNERS, LTD.	

Mailing Address 11450 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952		Principal Office Address 11450 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952		3. Date Formed or Registered 06/12/1995	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/02/1995	5b. Amount of Capital Contributions in FLORIDA to date: NONE SINCE \$7,500 ABOVE
Suite, Apt #, etc.		Suite, Apt #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3320808	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
WILLIAMS, ROBERT W 11450 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952	Name
	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

12/13/96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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	600002048716--5 -01/07/97--01124--002 ****191.25 ****191.25

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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the report as required by Chapter 600, Florida Statutes.

SIGNATURE

Robert W. Williams

DATE

12/13/96

Typed or Printed Name of General Partner Signing Form

ROBERT W. WILLIAMS

Daytime Telephone Number

407-868-2000