

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -2 PM 3:29

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

3a. Date of Last Report

12/26/1996

4. State or Country of Formation

FL

6. FEI Number

59-3320808

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record

\$7,500.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

NONE IN ADDITION
TO 5a. BY LTD. PARTNRS
\$7500 TOTAL

☐ Applied For
☐ Not Applicable

2. Mailing Address

ABOVE ↑

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

ABOVE ↑

Suite, Apt. #, etc.

City & State

Zip

Country

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

SAME

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) N.A.

DATE

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)

WILLIAMS, ROBERT W TRUSTEE

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11450 SOUTH TROPICAL

11b. City, State & Zip Code

MERRITT ISLAND FL 329

11c. Registration/
Document Number

400002401114--6
-01/15/98--01028--007
****156.25 ****156.25

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

12. I 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 and am empowered to execute this report as required by chapter 220, Florida Statutes.

SIGNATURE

Robert W. Williams GENERAL PARTNER

DATE

12-15-97

Typed or Printed Name of General Partner Signing Form

ROBERT W. WILLIAMS

Daytime Telephone Number

407-868-2000

CR2E003 (6/97)