2001 UNIFORM BUSINESS REPORT (UBR)

0012773 AF

DOCUMENT # A95000000910

1. Entity Name

CALLOWAY PARTNERS, LTD.

FILED
01 JUN -6 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
66 N ATLANTIC AVE.. #106 COCOA BEACH FL 32931	66 N ATLANTIC AVE.. #106 COCOA BEACH FL 32931

2. Principal Place of Business: ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country: BREVARD

4. FEI Number: 59-3320808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT W
66 N ATLANTIC AVE., #106
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$7,500.00	$7,500	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	66 N. ATLANTIC AVE #106
NAME	WILLIAMS, ROBERT W TRUSTEE	CITY-ST-ZIP	COCOA BEACH, FL 32931
STREET ADDRESS	11450 SOUTH TROPICAL TRAIL		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000004423560--4
NAME		CITY-ST-ZIP	-05/18/01--01014--003
STREET ADDRESS			*****88.75 *****88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000004423560--4
STREET ADDRESS			-05/18/01--01014--004
CITY-ST-ZIP			*****52.50 *****52.50
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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

SIGNATURE: Robert W. Williams General Partner 4/17/01 321-868-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #