DOCUMENT #	A98000002696
1. Entity Name	•

CALLAHAN PARTNERSHIP NUMBER ONE, LTD.

Principal Place of Business

Mailing Address

235 SOUTH MAITLAND AVENUE, SUITE 216 -MAITLAND FL 32751

235 SOUTH MAITLAND AVENUE. SUITE 216

MAITLAND FL 32751-5638

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Addres	3. Mailing Address		
		Suite, Apt. #, et	C.		
		City & State			
Zip	Country	Zip	Country		

526.25

DO NOT WRITE IN THIS SPACE

WALKER, BERRY J ESQUIRE 235 MAITLAND AVENUE SOUTH, SUITE 216 MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number <u>X6-1547</u>

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

City

Zip Code

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

9. Capital Contributions as Shown on record.

\$750,000,00

6. Name and Address of Current Registered Agent

10. Amount of Capital Contributions in ELORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P98000101481 DOCUMENT# STREET ADDRESS CALLAHAN PARTNERSHIP NUMBER ONE, INC. NAME 235 MAITLAND AVENUE SOUTH, SUITE 216 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 <u>20000324603;</u> -05/09/00--01135 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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