


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002696</b>					
1. Entity Name <b>CALLAHAN PARTNERSHIP NUMBER ONE, LTD.</b>					
Principal Place of Business <b>235 SOUTH MAITLAND AVENUE SOUTH, STE. 216 MAITLAND, FL 32751</b>			Mailing Address <b>235 SOUTH MAITLAND AVENUE SOUTH, STE. 216 MAITLAND, FL 32751</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>06-0154773</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WALKER, BERRY J ESQUIRE 235 MAITLAND AVENUE SOUTH, SUITE 216 MAITLAND, FL 32751</b>				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$750,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000101481		STREET ADDRESS		
NAME	CALLAHAN PARTNERSHIP NUMBER ONE, INC.		CITY - ST - ZIP		
STREET ADDRESS	235 MAITLAND AVENUE SOUTH, SUITE 216				
CITY - ST - ZIP	MAITLAND, FL 32751				
DOCUMENT #			STREET ADDRESS	U00000158514	
NAME			CITY - ST - ZIP	05/07/04-80925-002 526.25	
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CITY - ST - ZIP					
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: 			John T Callahan III 4/23/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE