

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000006869</b> 1. Entity Name <b>CALLAWAY PARK, LLC</b>			
Principal Place of Business <b>5779 NW 151 STREET HIALEAH, FL 33014</b>		Mailing Address <b>5779 NW 151 STREET HIALEAH, FL 33014</b>	
2. Principal Place of Business <b>14160 Palmetto Frontage Rd.</b>		3. Mailing Address <b>14160 Palmetto Frontage Rd.</b>	
Suite, Apt. #, etc. <b>21</b>		Suite, Apt. #, etc. <b>21</b>	
City & State <b>Miami Lakes, FL</b>		City & State <b>Miami Lakes, FL</b>	
Zip <b>33016</b>		Zip <b>33016</b>	
Country 		Country 	
6. Name and Address of Current Registered Agent  <b>MARTIN, PEDRO A ESQ GREENBERG TRAUERIG PA 1221 BRICKELL AVE SUITE 2100 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CAPARROS, MARTIN JR 3822 W 12TH AVE HIALEAH, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <b>Martin Caparros</b> <span style="float: right;">4/30</span>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

FILED

04 MAY 25 AM 11:08

yes  
STATE  
TALLAHASSEE FLORIDA

MJH



03262004

Chg-LLC

CR2E083 (10/03)

5/25

4. FEI Number  
**65-1125894**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required