2005 LIMITED LIA LITY COMPANY ANNUAL REPORT

DOCUMENT # L01000006869

1. Entity Name — CALLAWAY PARK, LLC



Principal Place of Business ____ Mailing Address

14160 PALMETTO FRONTAGE RD., #21 MIAMI LAKES, FL 33016

14160 PALMETTO FRONTAGE RD., #21 MIAMI LAKES, FL 33016

FILED Apr 19, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1125894 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

MARTIN, PEDRO A ESQ
GREENBERG TRAURIG PA
1221 BRICKELL AVE SUITE 2100

IN THIS SPACE

| MIAMI, FL 33131 | | | IN IMIS SPACE | |
|--|--|--|---|--|
| | e named entity submits this statement for the purpose of chang the statement for the purpose of changes of registered agent. | | th, in the State of Florida. I am familiar with, and accept | |
| F | Signature, typed or printed name of registered agent and title if applicable liling Fee is \$50.00 lue by May 1, 2005 | (NOTE. Registered Agant signature required when reinstaling) | DATE | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | MGR CAPARROS, MARTIN JR 14160 PALMETTO FRONTAGE RD., #21 MIAMI LAKES, FL 33016 | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | 00000031677 9 04/19/05-80087-007 100.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN ' | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | | | → | |

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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

4/15/05

Dayime Phone #