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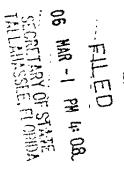
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PICK-UP	WAIT MAIL			
(i	Business Entity Name)			
(1	Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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	se call June at c you!	: 222-6891 whe	en ready.		
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CORPO	RATION NAME	E(S) & DOCUM	MENT NUM	IBER(S), (if	known):
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		Amer Resig	AMENDMENTS Copy Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
Anı	R FILINGS nual Report titious Name		Foreig	gn ed Partnershi tatement mark	J <u>ALIFICATION</u>

Examiner's Initials

CR2E031(7/97)



February 13, 2006

GREENBERG TRAURIG

TALLAHASSEE, FL

SUBJECT: CALLAWAY PARK, LLC

Ref. Number: L01000006869

We have received your document for CALLAWAY PARK, LLC and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

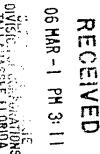
Resigning agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 606A00010233



TRANSMITTAL LETTER

SUBJECT: CALLAWAY PARK, LLC						
(Name of Limited Liability Company)						
DOCUMENT NUMBER: L01000006869						
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Pedro A. Martin (Name of Person)						
Greenberg Traurig, P.A. (Name of Firm/Company)						
1221 Brickell Avenue (Address)						
Miami, FL 33131 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Pedro A. Martin at (305) 579-0545						
Pedro A. Martin at (305) 579-0545 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.						
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399						

INHS17(11/02)

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida	•
Pedro A. Martin		, hereby resigns as
	(Name of Registered Agent)	THE REPORT OF THE PARTY OF THE
Registered Agent for _		
CALLAWAY PARI	K, LLC	SEE D
	(Name of Limited Liability Company)	FLO F:
L01000006869		ORATE ORADA
(Document Nur	mber, if known)	·
	ion was mailed to the above listed limited liab ed and the office discontinued on the 31st day (Signature of Retigning Agent)	y after the date on which this statement is filed.
If signing on behalf of	an entity: Pedro A. Martin	ALLATIA
	(Typed or Printed Name)	
	Registered Agent	
	(Capacity)	

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314