2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100006869

1. Entity Name

CALLAWAY PARK, LLC.



rileD Mar 14, 2003 8:00 am Secretary of State 03-14-2003 90002 034 ****50.00

ONLENTAL TRUNCES										
Principal Plac	ce of Business	Mailing Address								
5779 NW 151 STREET HIALEAH FL 33014		5779 NW 151 STREET HIALEAH FL 33014								
2 Dringing (Diagonal Division	D. Martin Addition								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State		4. FEI Nun	FEI Number 65-1125894 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certifica	ite of Status Desired	□ \$	5.00 Add	ditional	
	6. Name and Address of Curre	ent Registered Agent		<u></u>	7. Name a	nd Address of New R				
***	TN 05000 4 500	***	Name							
GRE	itin, pedro a esq Enberg traurig pa I Brickell ave suite 2100		Street Address		(P.O. Box Number is Not Acceptable)					
	MI FL 33131									
			City				FL	Zip Cod	le	
8. The above	named entity submits this statemen tions of registered agent.	t for the purpose of changing i	its registered office or	registere	d agent, or b	ooth, in the State of Flo	rida. I am fan	niliar with,	and accept	
•	and an inequality and an analysis and an analy									
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (No	OTE: Registered Agent signatu	re required w	when reinstating)		DATE			
		FILE I	NOW!!! FEE IS \$	50.00						
			ble to Florida Dep		t of State					
<u></u>			ue By May 1, 2003							
9.	MANAGING MEM	IBERS/MANAGERS	10.	•		ADDITIONS/				
NAME	CAPARROS, MARTIN JR	☐ Delete	TITLE NAME				L	_ Change	Addition	
STREET ADDRESS	3822 W 12TH AVE		STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					_ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP						ĺ	
11. I hereby c	ertify that the information supplied w	ith this filing does not qualify f	or the exemption state	d in Secti	tion 119.07(3)(i), Florida Statutes. I	further certify	that the ir	nformation	

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.

SIGNATURE:

OR AUTHORIZED REPRESENTATIVE