

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L01000006870**

1. Entity Name  
**CALLAWAY PARK PARTNERS, LLC**



**FILED**

04 MAY 25 AM 11:08

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*RMJH*

Principal Place of Business  
**5779 NW 151 ST  
HIALEAH, FL 33014**

Mailing Address  
**5779 NW 151 ST  
HIALEAH, FL 33014**



2. Principal Place of Business  
**1160 Palmetto Frontage Rd**

3. Mailing Address  
**1160 Palmetto Frontage Rd.**

Suite, Apt. #, etc.  
**21**

City & State  
**Miami Lakes, FL**

Zip  
**33016**

Country

03282004 Chg-LLC CR2E083 (10/03)

*5/25*

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ  
GREENBERG TRAUIG PA  
1221 BRICKELL AVE SUITE 2100  
MIAMI, FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
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
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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.

**SIGNATURE:** *[Signature]* **4/30**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #