

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT #</b> L01000006871			
<b>1. Entity Name</b> CALLAWAY PARK II, LLC			
<b>Principal Place of Business</b> 5779 NW 151 ST HIALEAH, FL 33014		<b>Mailing Address</b> 5779 NW 151 ST HIALEAH, FL 33014	
<b>2. Principal Place of Business</b> 14160 Palmetto Frontage Rd. Suite, Apt. #, etc. 21 City & State: Miami Lakes, FL Zip: 33016		<b>3. Mailing Address</b> 14160 Palmetto Frontage Rd. Suite, Apt. #, etc. 21 City & State: Miami Lakes, FL Zip: 33016	
<b>4. FEI Number</b> 65-1125895		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARTIN, PEDRO A/ESQ GREENBERG TRAUIG PA 1221 BRICKELL AVE SUITE 2100 MIAMI, FL 33131		<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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>	
<b>TITLE</b> MGR <b>NAME</b> CAPARROS, MARTIN JR <b>STREET ADDRESS</b> 3822 W 12TH AVE <b>CITY-ST-ZIP</b> HIALEAH, FL 33012	<input type="checkbox"/> Delete	<b>TITLE</b> MGR <b>NAME</b> Caparros, Martin Jr. <b>STREET ADDRESS</b> 14160 Palmetto Frontage Rd. #21 <b>CITY-ST-ZIP</b> Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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/trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>			
<b>SIGNATURE:</b> _____ <i>Martin Caparros</i> 4/30			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

FILED

04 MAY 25 AM 11:07

STATE OF FLORIDA  
TALLAHASSEE

MJH



03262004 Chg-LLC CR2E083 (10/03) 5/25

4. FEI Number 65-1125895 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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City

FL Zip Code

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