
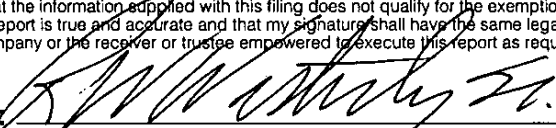


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90285 039 \*\*\*150.00

|  |  |                     |   |  |   |
|--|--|---------------------|---|--|---|
| <b>DOCUMENT # L04000070161</b><br>1. Entity Name<br><b>CALLOWAY INVESTMENT PROPERTIES, LLC</b>   |  |                     |   |   |   |
| Principal Place of Business<br><b>314 MADGNOLIA AVE.<br/>PANAM CITY, FL 32401</b>  |  |                     | Mailing Address<br><b>314 MADGNOLIA AVE.<br/>PANAM CITY, FL 32401</b> |  |   |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |  |   |
| City & State   |  | City & State        |   | 4. FEI Number<br><b>20-1710738</b>   |   |
| Zip  |  | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                          |   |
| 6. Name and Address of Current Registered Agent  |  |                     |   | 7. Name and Address of New Registered Agent  |   |
| <b>FILINGS, INC.</b><br><b>3732 NORTHWEST 16TH STREET</b><br><b>FT. LAUDERDALE, FL 33311</b>   |  |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____  |  |                     |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                     | <b>Make check payable to<br/>Florida Department of State</b>          |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |                     |   | 10. ADDITIONS/CHANGES  |   |
| TITLE  | MGR <input type="checkbox"/> Delete    |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | R.W. WESTERLY CONSTRUCTION, INC.       |                     |   | NAME   |   |
| STREET ADDRESS   | 5238 JULIE DRIVE                       |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  | PANAMA CITY, FL 32401                  |                     |   | CITY-ST-ZIP  |   |
| TITLE  | MGR <input type="checkbox"/> Delete    |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | NORTHSHORE INVESTMENT PROPERTIES, INC. |                     |   | NAME   |   |
| STREET ADDRESS   | 314 MAGNOLIA AVE.                      |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  | PANAMA CITY, FL 32401                  |                     |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete        |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  |                     |   | NAME   |   |
| STREET ADDRESS   |  |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |  |                     |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete        |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  |                     |   | NAME   |   |
| STREET ADDRESS   |  |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |  |                     |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete        |                     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  |                     |   | NAME   |   |
| STREET ADDRESS   |  |                     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |  |                     |   | CITY-ST-ZIP  |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |                     |   |  |   |
| <b>SIGNATURE</b>    |  |                     |   | Date <b>3-21-06</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                     |   | Daytime Phone #  |   |