## 2007 LÍMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## DOCUMENT # A93000001086

1. Entity Name PARKWAY ASSOCIATES, LTD.

FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2640 GOLDEN GATE PARKWAY, SUITE 102 NAPLES, FL 34105 2640 GOLDEN GATE PARKWAY, SUITE 102 Naples, FL 34105



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0469910 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, THOMAS D 2640 GOLDEN GATE PKWY. #102 NAPLES, FL 34105

## DO NOT WRITE IN THIS SPACE

	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
t	he obligations of registered agent.	
SIG	NATURE	

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

	12.	GENERAL PARTNER INFORMATION
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P9300074797 METRO INVESTMENTS, INC. 2640 GOLDEN GATE PARKWAY, SUITE 102 NAPLES, FL 34105
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP	
	DOCUMENTA	

U00000641710 03/01/07-80011-012 508.75

DO NOT WRITE IN THIS SPACE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/5/07 239/434-676

Daytime Phone #