2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001568 1. Entity Name PARKWAY COMMERCE CENTER, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place 1400 N.W. 107 MIAMI FL 331	7TH AVENUE	s	Mailing Address 1400 N.W. 107TH AVENUE MIAMI FL 33172-2746			00 APR 21 AM 3: 05	
Principal Place of Business 3. Mailing Address				Iress			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number 65-0688081 Applied For Not Applicable	
Zip	p Country		Zip	Cour	itry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent	
LEVY, JOEL 1400 N.W. 107TH AVENUE						ddress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33172							
					City	FL Zip Code	
9. Capital Contributions as Shown on record. \$1,650,000.00 10. Amount of Capital Contributions in FLORIDA to date						11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A (GENERAL PARTNER : : General Partners M/	THAT IS A BUSI AY NOT be char	NESS ENTITY Managed on the form	UST BE REGIS ; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION DOCUMENT# P96000068176						ADDRESS CHANGES ONLY	
NAME STREET ADDRESS CITY-ST-ZIP	ADLER PCC, INC. 1400 N.W. 107TH AVENUE MIAMI FL 33172				EET ADORESS	2000032515429 -05/12/0001140022 ****526.25 ****526.25	
DOCUMENT # NAME STREET ADDRESS	·		,		EET ADORESS	####3 <u>CD: C3</u>	
CITY-ST-ZIP DOCUMENT #		·					
NAME STREET ADDRESS	-				EET ADORESS		
CITY-ST-ZIP DOCUMENT # NAME			<u> </u>	STR	EET ADORESS	•	
STREET ADDRESS CITY-ST-ZIP				СПУ	-ST-ZIP	·	
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CITY-ST _F ZIP			<u> </u>	cmy	-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		-			EET ADORESS		
14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE Date Dat							