


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001568</b> 1. Entity Name PARKWAY COMMERCE CENTER, LTD.	
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Principal Place of Business 1400 N.W. 107TH AVENUE MIAMI, FL 33172	Mailing Address 1400 N.W. 107TH AVENUE MIAMI, FL 33172
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2. Principal Place of Business Suite Apt # etc	3. Mailing Address Suite Apt # etc
City & State	City & State
Zip Country	Zip Country



04122004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0688081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,650,000.00	10. Amount of Capital Contributions in FLORIDA to date
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000068176	STREET ADDRESS	
NAME	ADLER PCC, INC.	CITY-ST-ZIP	
STREET ADDRESS	1400 N.W. 107TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33172		
DOCUMENT #		STREET ADDRESS	000000157822
NAME		CITY-ST-ZIP	05/06/04-80044-010 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

**SIGNATURE:**  **Joel Levy**  
**Executive Vice President**  
Date: 4/27/04 Daytime Phone #: 305-392-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER