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LAW OFFICES

ANTHONY T. LEPORE, ESQ., P.A.

P.O. Box 823662

SOUTH FLORIDA, FLORIDA 33082-3662

email: anthony @ radiotylaw.net

Admitted Florida and Massachusetts Bar

TELEPHONE (954) 433-2126 FACSIMILE (954) 436-6288

November 3, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Parkway Commerce Center, Ltd. - Document #A96000001568

Dear Sir or Madam:

Please find enclosed relative to the above captioned limited partnership the following items:

- 1 Statement of Change of Registered Agent and filing fee of \$35.00 for same;
- 2 Certificate of Amendment to Certificate of Limited Partnership and filing fee of \$52.50 for same.

Please record these items amongst the public records maintained by your division and return any acknowledgement letter to the undersigned.

Thank you in advance for your attention to this matter and please contact me if you have any questions.

ncerely,

nthony T. Lepore, Esq.

ATL:ms

Enclosures

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

📊 Parkway Commer	rce Center, Ltd.	
	Name of the limited partnership	
2. August 22, 1996	3 A96000001568	
Date of tiling/regist	stration in Florida Document number assigned	
4. The name of the regis Department of State:	istered agent and the registered office address as shown on the records of Joef Levy	f the Florida
į	Name	
	1400 N.W. 107th Avenue	
	Address	
	Miami, FL 33172	
	City, State and Zip	
5. The name and address	ess of the new registered agent and/or office:	
S	Sam Jazayri	
- -	Name	
30	3001 W. Hallandale Beach Blvd, Suite 300	_
	Florida street address (P.O. Box not acceptable)	75. P.SE 05
<u> Pe</u>	embroke Park _{FL} 33009	OS NOY SECHALIAHA
	City, State and Zip	
o. Such change(s) was/	/were authorized by the general partners.	8-8-
\mathcal{A}	hus .	-8 PM -8 PM SSEE, FL
Signature of General Partner	Speciality Vice President	(); (QR)
I hereby accept the anna	ointment as registered agent and agree to act in this capacity. I further ag	
with the provisions of a	all slatutes relative to the proper and complete performance of my duti	ies, and i am
familiar with and accept merely to reflect a chan been notified in writing o	t the obligations of my position as registered agent. Or, if this document use in the registered office address. I hereby confirm that the limited pa	is being filed entnership has
Signature of Registered Agen	nt .	

Make checks payable to Florida Department of State and mall to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INH\$04(9/98)