

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:13

DOCUMENT # A96000001568

1. Entity Name
PARKWAY COMMERCE CENTER, LTD.



Principal Place of Business
**1400 N.W. 107TH AVENUE
 MIAMI, FL 33172**

Mailing Address
**3001 W HALLANDALE BEACH BLVD STE 300
 PEMBROKE PARK, FL 33009**

2. Principal Place of Business
3001 W HALLANDALE BCH BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 300

City & State

City & State

PEMBROKE PARK, FL

Zip
33009

Country

Zip

Country

02132006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0688081

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAZAYRI, SAM
 3001 W HALLANDALE BEACH BLVD STE 300
 PEMBROKE PINES, FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L05000067814**
 NAME **PARKWAY COMMERCE GENERAL, LLC**
 STREET ADDRESS **3001 W HALLANDALE BEACH BLVD STE 300**
 CITY-ST-ZIP **PEMBROKE PARK, FL 33009**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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CITY-ST-ZIP

**200072408212
 04/27/06--01038--022 **500.00**

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CITY-ST-ZIP

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:

SAM JAZAYRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/21/06

954-981-1154

STAPLE CHECK HERE