2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A96000001568

1. Entity Name

PARKWAY COMMERCE CENTER, LTD.



Principal Place of Business

3001 W HALLANDALE BEACH BLVD

SUITE 300

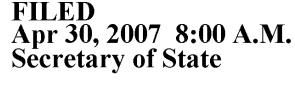
PEMBROKE PINES, FL 33009

Mailing Address

3001 W HALLANDALE BEACH BLVD

SUITE 300

PEMBROKE PINES, FL 33009





DO NOT WRITE IN THIS SPACE

| 01232007 No Chg-LP

4. FEI Number Applied For 65-0688081 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E003 (12/06)

6. Name and Address of Current Registered Agent

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

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
ti	the obligations of registered agent.	1

SIGNATURE

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

DAT

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.

	NOTE: General Partners MAY NOT be changed on the f		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #	L05000067814	
	NAME	PARKWAY COMMERCE GENERAL, LLC	
	STREET ADDRESS	3001 W HALLANDALE BEACH BLVD STE 300	
	CITY-ST-ZIP	PEMBROKE PARK, FL 33009	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-2IP		
	DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		

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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 eport as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #