

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 8:00 A.M.**  
**Secretary of State**

**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



01232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 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.**

**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

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800102541858  
05/16/07--01007--003 \*\*\$600.00

**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 report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE