

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 15 PM 12:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0013294 AT

DOCUMENT # A97000001606

1. Entity Name

PARKWAY I, LTD.

Principal Place of Business

15436 N. FLORIDA AVE., SUITE 101 TAMPA FL 33613

Mailing Address

15436 N. FLORIDA AVE., SUITE 101 TAMPA FL 33613



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3459104

Applied For Not Applicable

Zip

Country

Zip

Country

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

MYERS, W. PARKINSON 15436 N. FLORIDA AVE., SUITE 101 TAMPA FL 33613

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # L99000008791 NAME PARKWAY I, LLC STREET ADDRESS 15436 N. FLORIDA AVE., SUITE 101 CITY-ST-ZIP TAMPA FL 33613

STREET ADDRESS CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/02 (813) 960-1006

Date Daytime Phone #

CR2E003 (9/01)