


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 14, 2004 08:00 AM
Secretary of State**

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
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3459104

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent
**MYERS, W. PARKINSON
15436 N. FLORIDA AVE., SUITE 101
TAMPA, FL 33613**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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	STREET ADDRESS	
NAME	PARKWAY I, LLC	CITY-ST-ZIP	
STREET ADDRESS	15436 N. FLORIDA AVE., SUITE 101		
CITY-ST-ZIP	TAMPA, FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME		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: W. Parkinson Myers **4/2/04** **(813) 960-1006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE



01072004 Chg-LP CR2E003 (10/03)