

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001679

1. Entity Name
PARKWAY PROMENADE ONE, LTD.



Principal Place of Business
**4100 CORPORATE SQUARE, SUITE 116
NAPLES, FL 34104**

Mailing Address
**4100 CORPORATE SQUARE, SUITE 116
NAPLES, FL 34104**

2. Principal Place of Business
567 PARK ST.
Suite, Apt. #, etc.

3. Mailing Address
567 PARK ST.
Suite, Apt. #, etc.

City & State
NAPLES FL
Zip **34102** Country

City & State
NAPLES FL
Zip **34102** Country

04202004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3588551 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAGCOCS, JOHN T.
4100 CORPORATE SQUARE, SUITE 116
NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
993 8TH STREET SO.
City **NAPLES FL** Zip Code **34102**

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

9. Capital Contributions
as Shown on record. **\$392,500.00**

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

DOCUMENT # **P98000093285**
NAME **J.T.M. MANAGEMENT, INC.**
STREET ADDRESS **4100 CORPORATE SQUARE, SUITE 116**
CITY-ST-ZIP **NAPLES, FL 34104**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **567 PARK ST.**
CITY-ST-ZIP **NAPLES, FL 34102**

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/26/04
Date

Daytime Phone #

STAPLE CHECK HERE