



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000015134</b> 1. Entity Name <b>PARKWAY POINTE, L.L.C.</b>	
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Principal Place of Business <b>780 BUENAVENTURA BLVD KISSIMMEE, FL 34743</b>	Mailing Address <b>780 BUENAVENTURA BLVD KISSIMMEE, FL 34743</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03212007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>59-3685293</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>SOLOMON, MICHAEL 780 BUENAVENTURA BLVD. KISSIMMEE, FL 34743</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SOLOMON, MICHAEL 3904 CORVETA COURT ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SOLOMON, LORI 3904 CORVETA COURT ORLANDO, FL 32837
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<p>U000000678352 04/02/07-80029-020 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
<b>SIGNATURE:</b>  <b>2/23/07</b> <b>407-348-3322</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date Daytime Phone #</small>