

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90083 033 \*\*\*\*55.00

**DOCUMENT # L03000029242**

1. Entity Name

**GW PARKWAY INVESTMENTS, LLC**



Principal Place of Business

**7327 WESCOTT TERRACE  
LAKE WORTH FL 33467**

Mailing Address

**P.O. BOX 740821  
BOYNTON BEACH FL 33471  
US**

2. Principal Place of Business

**9896 Woodward Ct.**

3. Mailing Address

**P.O. Box 741421**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Wellington, FL**

City & State

**Boynton Beach, FL**

Zip

**33414**

Country

**USA**

Zip

**33473**

Country

**USA**

4. FEI Number

**20-0653280**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**URBINA, REBEKAH L  
7327 WESCOTT TERRACE  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name **URBINA, Rebekah L.**

Street Address (P.O. Box Number is Not Acceptable)

**9896 Woodward Ct.**

City

**Wellington**

FL

Zip Code

**33414**

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

**Rebekah L. Urbina, President**

**04-26-04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **MBKI, INC.**  
STREET ADDRESS **7327 WESCOTT TERRACE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

☐ Delete

TITLE

NAME

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10. ADDITIONS/CHANGES

TITLE **MBKI, INC.**  
NAME **Rebekah L. Urbina**  
STREET ADDRESS **9896 Woodward Ct., Wellington, FL**  
CITY-ST-ZIP **33414**

☒ Change

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11. 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 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.

**SIGNATURE:**

**Rebekah L. Urbina**

**04/26/04**

**561-791-7917**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #