

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017060

**FILED**  
**May 03, 2005**  
**Secretary of State**

**Entity Name:** PARKWAY INVESTOR GROUP I, LLC

**Current Principal Place of Business:**

6767 COLLINS AVENUE  
#1000  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

1575 SAN IGNACIO AVE  
PH  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

6767 COLLINS AVENUE  
#1000  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

**FEI Number:** 20-0850429      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TRINLEY, PAUL T ESQ  
1675 PALM BEACH LAKES BLVD.  
STE. 700  
WEST PALM BEACH, FL 33401 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: INVESTMENT PARTNERS, GROUP, LLC  
Address: 1575 SAN IGNACIO AVE PH  
City-St-Zip: CORAL GABLES FL, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSE A. PELAYO

MGR

05/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date