

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-13-2005 90220 010 ****50.00

DOCUMENT # L04000084546 1. Entity Name PARKWAY BUSINESS CENTER, LLC					
Principal Place of Business 375 COMMERCE WAY STE. 101 LONGWOOD, FL 32750			Mailing Address 375 COMMERCE WAY STE. 101 LONGWOOD, FL 32750		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0529289	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE STE. 340 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when remanding)</small>				DATE _____	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager GSL Management Corp. 375 Commerce Way, Suite 101 Longwood, FL 32750
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty row for additional entries)					
(Empty row for additional entries)					
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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 606, Florida Statutes.					
SIGNATURE: <u>Beth A. Stevens</u>				Beth A. Stevens	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	
				03/25/05 407/830-7723	

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