

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 019 ****50.00

DOCUMENT # L05000969337

1. Entity Name

BUSINESS PARKWAY PROPERTIES, LLC



Principal Place of Business

436 MONTE CRISTO BOULEVARD
ST. PETERSBURG FL 33704

Mailing Address

436 MONTE CRISTO BOULEVARD
ST. PETERSBURG FL 33704



2. Principal Place of Business

436 MONTE CRISTO BLVD.

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

St. Petersburg

City & State

FL 33715

4. FEI Number

52-2159528

Applied For

Not Applicable

Zip

33715

Country

Pinellas

Zip

33715

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H ESQ.
DRUMMOND & ASSOCIATES
6325 JACQUELINE ARBOR DRIVE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Linda H. Cecil, Mgr. Partner

8/30/2006

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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING PARTNER** ☐ Delete
NAME **ROGER F. CECIL**
STREET ADDRESS **436 MONTE CRISTO BLVD**
CITY - ST - ZIP **ST. Petersburg FL 33715**

TITLE **MANAGING PARTNER** ☐ Delete
NAME **LINDA H. CECIL**
STREET ADDRESS **SAME AS ABOVE**
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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.

SIGNATURE

Linda H. Cecil

8/30/2006

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

Date

Daytime Phone #