2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L05000069337

1. Entity Name
BUSINESS PARKWAY PROPERTIES, LLC

Principal Place of Business	Mailing Address
436 MONTE CRISTO BOULEVARD SAINT PETERSBURG, FL 33715	436 MONTE CRISTO BOULEVARD SAINT PETERSBURG, FL 33715

DO NOT WRITE IN THIS SPACE

02262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2159528
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	CECIL, ROGER F
STREET ADDRESS	436 MONTE CRISTO BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	P
NAME	CECIL, LINDA H
STREET ADDRESS	436 MONTE CRISTO BLVD
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/24/07-80067-008 50.00

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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.

SIGNATURE: Linda H Cecil, M.P. 4/24/2007 727-865-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #