

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90033 044 \*\*\*150.00

<b>DOCUMENT # L06000039576</b> 1. Entity Name <b>PARKWAY A1A, LLC</b>					
Principal Place of Business <b>2992 S. 8TH STREET FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>2992 S. 8TH STREET FERNANDINA BEACH, FL 32034</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>03282007 Chg-LLC CR2E083 (12/06)</span> <div style="border: 1px solid black; padding: 2px;">           4. FEJ Number  <b>20-4736479</b> </div> <div style="border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>NAVON, GIL 2992 S. 8TH STREET FERNANDINA BEACH, FL 32034</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM NAVON, GIL 2992 S. 8TH STREET FERNANDINA BEACH, FL 32034</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <b>4-16-2007 912-786-6328</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

30009266

#FL06000039576

**Parkway AIA LLC**

**PO Box 2497**

**Tybee Island, GA 31328-2497**

**912-786-6328 Phone/FAX**

May 24, 2007

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

To Whom It May Concern:

I inadvertently paid \$150 for the annual corporation fee instead of the required \$50 for LLC's. Please accept this request for a refund of the extra \$100.

Thank you,

Gil Navon, President  
Nancy Morgan, Bookkeeper