## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED Jun 25, 2002 8:00 am Secretary of State

DOCUMENT # L9800000987  1. Entity Name	
PARKWAY INVESTMENTS OF ORLANDO, LLC	(Q)

DOCUMENT # L9800000987  1. Entity Name				06-25-2002 90441 001 ****50.00				
•	Y INVESTMENTS OF C	ORLANDO, LLC		(Q)				
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	AAIVIII		SEAC.			96960	0	
2. Principal Place of Business 2900 PARKWAY BLVD  Suite, Apt. #, etc.  3. Mailing Address 215 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc.		EOLA DRIVE		DO NOT WRITE IN THIS SPACE				
				4.4 <b>4</b> 0000		1 11 11 11 11 11 11 11 11 11 11 11 11 1	TA-E-15a	
,		City & State  ORLANDO, F.	& State ANDO, FLORIDA		4. FEI Number Applied For 582401296 Not Applica		Not Applicable	
Zip <b>34747</b>	Country <b>USA</b>	Zip 32801	Count USA	ountry 5 Certificate of Status Desired		quired		
				Name	AEL A. RYAN	r Kedizteled Affein		
	DO NOT WRITE Stree				SO P.O. Box Number is Not Acceptable)  NORTH EOLA DRIVE			
	IN THIS S	SPACE		213 NORTH EOLA DRIVE				
العموا			. kadi	City ORLAN	······································		Code 2801	
8. The above	named entity submits this stateme	nt for the purpose of changin	g its registere					
SIGNATURE				•				
JONATORE	Signature, typed or printed name of registered a	egent and little if applicable.				DATE		
		Make Check	FEE IS Payable to	\$50.00 o Department o	f.State			
		er unterpretekt i de Anderson 1988 er unterpretekt i de Anderson 1988	DUEBY					
9.		MBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESS 2900 PARKWAY BLVD STREE			NAME STREET ADDRESS CITY, ST. ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP			*	T ADDRESS ST. Zip			*	
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CITY-ST-ZIP			ÇIT <u>Y</u> .	ST-ZIP		interaction	ec - 1, 1	
11. I hereby of indicated limited lial PARKI	certify that the information supplied on this report is true and accurate bility company or the receiver or true AAY HOLDINGS CORPO	with this filing does not qualify and that my signature shall has stee empowered to execute to RATION, A FLOR	y for the exer ave the same this report as IDA CO	nption stated in Se legal effect as if m required by Chapt <b>RPORATION</b>	ection 119.07(3)(i), Florida Statutes. nade under oath; that I am a manag ter 608, Florida Statutes.	I further certify that ging member or ma	the information nager of the	

SIGNATURE: BY:

SIGNATURE AND PPED CREGINTED NAME OF SIGNATURE AND SPECIAL RANDAN VICE PRESIDENT 6/18/02 Daytime Phone #