

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030752

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE PARKER COMPANY, LLC

Current Principal Place of Business:

6205 BLUE LAGOON DR
STE. 300
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6205 BLUE LAGOON DR
STE. 300
MIAMI, FL 33126

New Mailing Address:

FEI Number: 04-3722662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVINE GOODMAN PALLOT & WELLS, P.A.
777 BRICKELL AVE
SUITE 850
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARKER, DOUGLAS A
Address: 6205 BLUE LAGOON DR., STE. 300
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: PARKER, MITCHELL G
Address: 6205 BLUE LAGOON DR., STE. 300
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Delete
Name: PARKER, PHILIP P
Address: 6205 BLUE LAGOON DR., STE. 300
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITCHELL PARKER

MGRM

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date