2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

OCUMENT #	‡ I 02	วกกก	U 3U	752
		_		1:1/

1. Entity Name

THE PARKER COMPANY, LLC



Principal Place of Business

Mailing Address

6225 SW 123 TERRACE MIAMI FL 33156

6225 SW 123 TERRACE MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
6205 Blue Lagoon Drive	6205 Blue Lagoon Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 300	Spite 300

APPROVED AND FILED

03 FEB -7 AMII: 05

SECRETARY OF STATE TABLEAUASSEE, FLORIDA



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Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Suita	200				☐ CHECK H	☐ CHECK HERE IF MAKING CHANGES	
City & Sta		- Suite 300					
Miami	Florida		City & State		4. FEI Number		Applied For
Zip			Miami, Florida		04-3722662		Not Applicable
•	Country] Zip	Country				
33126	USA	33126			5. Certificate of Status Desired	ed 🔲	\$5.00 Additional
	6. Name and Address of	Current Registered Agent	USA		7 Nome and 4 11		Fee Required
			· -	Name	7. Name and Address of No	w Registere	ed Agent
DEV	INE GOODMAN PALLOT &	WELLS, P.A.		Devine Goodman Pallot & Wells, P.A. Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue			
777	BRICKELL AVE. SUITE 980						
	THE SOUTH WE LIKE THE SECOND S			- Ivalic			
MIAMI FL 33131 Suite 85		Suite 850	ne 850				
				City			
The chave		Miami FL Zip Code 33131 The ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				Zip Code	
the obligat	ions of registered agent	ment for the purpose of changing	g its registere	d office or regi	istered agent, or both, in the State of	f Florida I ar	m familiar with and pages
wo obligat	ions or registered agent	N/V			o variation and others	i i londa. Tai	manimar with, and accept
IGNATURE .	$ \angle \alpha X \alpha Tu $			Joseph W	. Pallot, Vice President	- 01 (20)	1 00
	Signature, typed or printed name of registe	red agent and title if applicable. (NOTE: Registered	Agent signature reg	Trainer, viceyPresited		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	٧	FILE	NOW!!! F	EE IS \$50.0	00		
Make Check Payable to FI		Florida Department of State					
Due By May 1, 2003				1			
			——	y 1, 2003			j.
		MEMBERS/MANAGERS	10.		ADDITIO	NS/CHANGE	···
LE	MGRM	☐ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.o, or mide	
ME	Douglas A. Parker	 	NAME		ame c"bemu ama -1 -1	ത്തിക്ക	Change Addition
REFT ADDRESS 6205 Rive Tarmen Dr. G. L. 200			ADDRESS	000011			
Y-ST-ZIP	Miami, FL 33126				02/07/030105	6UZZ	**50 . 00
			CITY-S	1~/92			

	WANAGING MEMBERS/MANAGERS	10.	ASSITION
TITLE	MGRM		ADDITIONS/CHANGES
NAME	Douglas A. Parker	TITLE NAME	Change Addition
STREET ADDRESS	6205 Blue Lagoon Dr., Suite 300	STREET ADDRESS	000011994050°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE	MGRM Delete	 	
NAME	Mitchell Parker	TITLE	☐ Change ☐ Addition
STREET ADDRESS	6205 Blue Lagoon Drive, Suite 300	NAME	
CITY-ST-ZIP	Miami, FL 33126	STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME	MGRM Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	Philip P. Parker	NAME	Crimings Addition
CITY-ST-ZIP	6205 Blue Lagoon Drive, Suite 300	STREET ADDRESS	İ
	Miami, FI, 33126	CITY-ST-ZIP	
TITLE	Delete	TITLE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	
NAME	C Delete	NAME	Change Addition
STREET ADDRESS	·	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Пом		
NAME	☐ Delete	TITLE	Change Addition
STREET ADDRESS		NAME	. –
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-71P	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

|国内||||国际||Mitchell Parker, Managing Member 01/30/03 (305) 421-6900 SIGNATURE AND TYPED OF PRINTED NAME OR AUTHORIZED REPRESENTATIVE