

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 FEB -7 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030752



1. Entity Name
THE PARKER COMPANY, LLC

Principal Place of Business
**6225 SW 123 TERRACE
MIAMI FL 33156**

Mailing Address
**6225 SW 123 TERRACE
MIAMI FL 33156**

2. Principal Place of Business
6205 Blue Lagoon Drive
Suite, Apt. #, etc.
Suite 300
City & State
Miami, Florida

3. Mailing Address
6205 Blue Lagoon Drive
Suite, Apt. #, etc.
Suite 300
City & State
Miami, Florida

Zip Country Zip Country
33126 USA 33126 USA

4. FEI Number
04-3722662

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVINE GOODMAN PALLOT & WELLS, P.A.
777 BRICKELL AVE. SUITE 980
ATTN: JOSEPH W. PALLOT
MIAMI FL 33131

Name
Devine Goodman Pallot & Wells, P.A.
Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Avenue
Suite 850
City
Miami FL Zip Code
33131

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 **Joseph W. Pallot, Vice President** 01/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete Douglas A. Parker 6205 Blue Lagoon Dr., Suite 300 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete Mitchell Parker 6205 Blue Lagoon Drive, Suite 300 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete Philip P. Parker 6205 Blue Lagoon Drive, Suite 300 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000011994050 02/07/03--01056--022 **50.00
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 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: **Mitchell Parker, Managing Member** 01/30/03 (305) 421-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)