

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052956

FILED
Apr 29, 2008
Secretary of State

Entity Name: PARLIAMENT HOLDINGS LLC

Current Principal Place of Business:

1885 S.W. 4TH AVE
E-3
DELRAY BEACH, FL 33444

New Principal Place of Business:

7004 MANDARIN DRIVE
BOCA RATON, FL 33433

Current Mailing Address:

1885 S.W. 4TH AVE
E-3
DELRAY BEACH, FL 33444

New Mailing Address:

7004 MANDARIN DRIVE
BOCA RATON, FL 33433

FEI Number: 36-4545368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, HARVEY
1885 S.W. 4TH AVE
E-3
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

KATZ, HARVEY
7004 MANDARIN DRIVE
BOCA RATON, FL 33433 US

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: _____

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KATZ, HARVEY
Address: 1885 S.W. 4TH AVE, E-3
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: IOVINO, CLAUDIA
Address: 1885 SW 4TH AVE. E-3
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KATZ, HARVEY
Address: 7004 MANDARIN DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM (X) Change () Addition
Name: IOVINO, CLAUDIA
Address: 6364 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33433

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: HARVEY KATZ

MGRM

04/29/2008

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