

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 05, 2009  
Secretary of State**

DOCUMENT# L05000001297

Entity Name: PARKER ENTERPRISES LLC

**Current Principal Place of Business:**

4459 CRAYTON RD.  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4459 CRAYTON RD.  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 47-0949652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, ROBERT  
4459 CRAYTON RD.  
NAPLES, FL 34103      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: MGR      (X) Delete  
Name: PARKER, MARILYN  
Address: 4459 CRAYTON RD.  
City-St-Zip: NAPLES, FL 34103

Title: MGR      ( ) Delete  
Name: PARKER, ROBERT  
Address: 4459 CRAYTON RD  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES:**

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: ROBERT PARKER      MGR      10/05/2009

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