

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079435

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: PARKWIN ENTERTAINMENT, LLC

**Current Principal Place of Business:**

658 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20396  
TALLAHASSEE, FL 32316

**New Mailing Address:**

FEI Number: 20-5361406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRANCE, BELINDA T  
1625 SUMMIT LAKE DRIVE STE 240  
TALLAHASSEE, FL 32317 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, ROBERT  
Address: 1010 SAN LUIS ROAD  
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM ( ) Delete  
Name: IRWIN, JENNIFER  
Address: 1575 PAUL RUSSELL ROAD #4004  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PARKER, ROBERT  
Address: P.O. BOX 20396  
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGRM (X) Change ( ) Addition  
Name: IRWIN, JENNIFER  
Address: P.O. BOX 20396  
City-St-Zip: TALLAHASSEE, FL 32316

I hereby certify that the information supplied with this filing does not qualify for the 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

MGRM

04/17/2007

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