

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L99000008892**

1. Entity Name  
THE EDWIN E. & WILMA D. PARKER LIMITED LIABILITY  
COMPANY



**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**% BUTZEL LONG**  
1200 N FEDERAL HWY SUITE 420  
BOCA RATON, FL 33432

Mailing Address  
1631 COLD MOUNTAIN RD  
LAKE TOXAWAY, NC 28747



08082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1015761

Applied For
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAYMOND, JR, JOHN J ESQUIRE  
% BUTZEL LONG  
1200 N. FEDERAL HIGHWAY, STE. 420  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PARKER, EDWIN W
STREET ADDRESS	1631 COLD MOUNTAIN RD
CITY-ST-ZIP	LAKE TOXAWAY, NC 28747

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000958438  
08/27/08-80002-012 538.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

Edwin W. Parker

8/24/2008

Date

828-862-8655

Daytime Phone #