

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90119 040 ****50.00

DOCUMENT # L00000000760

1. Entity Name
PARKER INSTITUTE PRODUCTIONS, LLC



Principal Place of Business
**3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103**

Mailing Address
**3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103**



03052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3621359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERKOVICH, JOSEPH I
3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COLLIER, PARKER J
3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PERKOVICH, JOSEPH I
3001 TAMiami TRAIL NORTH, SUITE 207
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Debra S. Kuchyca*

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

4/30/04

Date

239-434-4079

Daytime Phone #