


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90239 020 ***138.75

DOCUMENT # L00000015787	
1. Entity Name PARKER HOLDINGS, LLC	

Principal Place of Business 16 W. COLUMBIA STREET ORLANDO FL 32806	Mailing Address 16 W. COLUMBIA STREET ORLANDO FL 32806
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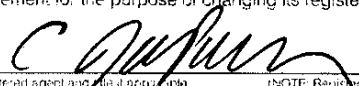


2. Principal Place of Business - No P.O. Box # 21 W. COLUMBIA ST	3. Mailing Address 21 W. COLUMBIA ST
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State ORLANDO, FL	City & State ORLANDO FL
Zip 32806	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number 59-3686626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, C. JACK 16 W. COLUMBIA STREET ORLANDO FL 32806	
7. Name and Address of New Registered Agent Name PARKER, C. JACK Street Address (P.O. Box Number is Not Acceptable) 21 W. COLUMBIA ST STE 100 City ORLANDO FL Zip Code 32806	


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  (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, C. JACK 16 W. COLUMBIA STREET ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE