


**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90160 024 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L01000000143**  
 1. Entity Name  
**PARRISH LAND COMPANY, LLC**



Principal Place of Business 4910 U.S. HIGHWAY 41 SOUTH SUN CITY, FL 33586	Mailing Address P.O. BOX 7357 SUN CITY, FL 33586
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30002000



01172005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1134690	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**SUNDANCE GROWERS, INC.**  
 4910 U.S. HIGHWAY 41 SOUTH  
 SUN CITY, FL 33586

**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: *Paul Weiss* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEISS, KIRK P.O. BOX 472 CENTER MORICHES, NY 11834
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISS, WAYNE PO BOX 9 EAST MORICHES, NY 11840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARRA, MARTIN 13009 ST. FILAGREE DRIVE RIVERVIEW, FL 33569
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)(f), 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: *Paul Weiss* DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE