


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90067 001 \*\*\*\*50.00

DOCUMENT # L01000000372	
1. Entity Name PARKHOUSE VENTURES, LLC	

Principal Place of Business 950 NORTH COLLIER BLVD. SUITE 201 MARCO ISLAND, FL 34145	Mailing Address 950 NORTH COLLIER BLVD. SUITE 201 MARCO ISLAND, FL 34145
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2. Principal Place of Business 760 Copeland Drive Suite, Apt. #, etc.	3. Mailing Address 760 Copeland Drive Suite, Apt. #, etc.
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04202004 Chg-LLC CR2E083 (10/03)

City & State Marco Island, Florida	City & State Marco Island, Florida	4. FEI Number 52-2287699	Applied For Not Applicable
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Zip 34145	Country	Zip 34145	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KRAMER, FREDERICK  
950 NORTH COLLIER BLVD.  
SUITE 201  
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRICKS, CHARLES T <input type="checkbox"/> Delete 760 COPELAND DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAZWINSKI, ROBERT C <input type="checkbox"/> Delete 1479 N. HERMITAGE ROAD HERMITAGE, PA 16148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:     C.R.T.C.      
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-20-04 239-389-2463  
Date Daytime Phone #