

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90035 002 \*\*\*\*50.00

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<b>DOCUMENT # L01000000372</b> 1. Entity Name <b>PARKHOUSE VENTURES, LLC</b>			
Principal Place of Business <b>760 COPELAND DR. MARCO ISLAND, FL 34145 US</b>		Mailing Address <b>1479 N. HERMITAGE RD. HERMITAGE, PA 16148 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1479 N. Hermitage Rd.</b>		3. Mailing Address <b>1479 N. Hermitage Rd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hermitage, PA</b>		City & State <b>Hermitage, PA</b>	
Zip <b>16148</b>		Zip <b>16148</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>52-2287699</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>KRAMER, FREDERICK 950 NORTH COLLIER BLVD. SUITE 201 MARCO ISLAND, FL 34145</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRICKS, CHARLES T 760 COPELAND DRIVE MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  P.O. Box C St. Michaels, MD 21663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAZWINSKI, ROBERT C 1479 N. HERMITAGE ROAD HERMITAGE, PA 16148	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
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
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
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
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.			
<b>SIGNATURE:</b> <u><i>Robert C Jazwinski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3-23-07 <small>Date</small>	
		724-962-3200 <small>Daytime Phone #</small>	