


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

|  |   |   |  |
|--|---|---|--|
| DOCUMENT # L01000000372  |   |  |  |
| 1. Entity Name<br>PARKHOUSE VENTURES, LLC  |   |   |  |
| Principal Place of Business<br>760 COPELAND DR.<br>MARCO ISLAND, FL 34145 US   |   | Mailing Address<br>1479 N. HERMITAGE RD.<br>HERMITAGE, PA 16148 US                |  |
| 2. Principal Place of Business - No P.O. Box #<br>1479 N. Hermitage Rd.  |   | 3. Mailing Address<br>1479 N. Hermitage Rd.                                       |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State<br>Hermitage, PA  |   | City & State<br>Hermitage, PA   |  |
| 4. FEI Number<br>52-2287699  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   | 02032007 Chg-LLC CR2E083 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br>KRAMER, FREDERICK<br>950 NORTH COLLIER BLVD.<br>SUITE 201<br>MARCO ISLAND, FL 34145   |   | 7. Name and Address of New Registered Agent                                       |  |
| Name   |   | Name  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
| City   |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |
| Filing Fee is \$50.00 Due by May 1, 2007   |   | Make check payable to Florida Department of State                                 |  |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CRICKS, CHARLES T<br>760 COPELAND DRIVE<br>MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>P.O. Box C<br>St. Michaels, MD 21663 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>JAZWINSKI, ROBERT C<br>1479 N. HERMITAGE ROAD<br>HERMITAGE, PA 16148 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |
| SIGNATURE: <u><i>Robert C Jazwinski</i></u>  |   | Date: <u>3-23-07</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Daytime Phone #: <u>724-962-3200</u>  |  |

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