

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L01000000372

1. Entity Name  
PARKHOUSE VENTURES, LLC



Principal Place of Business  
1479 N HERMITAGE RD  
HERMITAGE, PA 16148 US

Mailing Address  
1479 N HERMITAGE RD  
HERMITAGE, PA 16148 US



02062008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2287699

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CRICKS, CHARLES T  
PO BOX C  
SAINT 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

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 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: *Robert C Jazwinski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/08

Date

724-962-3200

Daytime Phone #