


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90029 001 ****55.00

DOCUMENT # L01000000976 1. Entity Name PARROT RIVER TRADING COMPANY, LC					
Principal Place of Business 7705 NW 48TH ST STE 120 MIAMI, FL 33166			Mailing Address 7705 NW 48TH ST STE 120 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 540 Biltmore way		3. Mailing Address 540 Biltmore way			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Coral Gables, FL		City & State Coral Gables, FL			
Zip 33134		Zip 33134			
Country 		Country 			
6. Name and Address of Current Registered Agent MILLER, EDWARD D 7705 NW 48TH ST 120 SUITE 3000 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name MILLER, EDWARD D Street Address (P.O. Box Number is Not Acceptable) 540 Biltmore way City Coral Gables FL Zip Code 33134		
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 <u><i>Edward D Miller</i></u> MGR EDWARD D MILLER 9-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, EDWARD D 7705 NW 48TH ST 120 MIAMI, FL 33166 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, EDWARD D 540 Biltmore way Coral Gables, FL 33134 <input checked="" 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	
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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.					
SIGNATURE: <u><i>Edward D Miller</i></u> MGR EDWARD D MILLER 9.12.07 3055672505 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					