2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000014714

1. Entity Name
PARKER LENDING, L.L.C.

Principal Place of Business	Mailing Address
9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912 US	9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912 US

DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 01-0619987	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N FRANKLIN ST
SUITE 2100
TAMPA, FL 33602

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	REISMAN, JOHN P
STREET ADDRESS	9001 DANIELS PKWY SUITE 200
CITY-ST-ZIP	FORT MYERS, FL 33912
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000724741
05/02/07-80123-015 50.00

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: _____ DAVE KNIZNER   4/16/07   239.481.5040 X201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #