

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90016 016 ****50.00

DOCUMENT # L01000020935

1. Entity Name

PARKER RESIDENTIAL COMMUNITIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9400 GLADWELL AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 250

DO NOT WRITE IN THIS SPACE

City & State

City & State

Fort Myers FLA

Zip

Country

Zip

Country

33908

USA

4. FEI Number

Applied For

65-1158180

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STRAHEN J. MITCHELL

Street Address (P.O. Box Number is Not Acceptable)

201 N FRANKLIN STREET

SUITE 2100

City

TAMPA

FL

Zip Code

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
JOHN ACISMAN
9400 GLADWELL AVE SUITE 250
FORT MYERS FLA 33908

TITLE
NAME
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

John Acisman

3/11/02

941-481-5040

CR2E083B (12/01)