

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 30, 2007
Secretary of State**

DOCUMENT# L01000021398

Entity Name: PARRISH RANCH, LLC

Current Principal Place of Business:

C/O A PARADISE, INC. REALTOR
5201 GULF DRIVE
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

C/O A PARADISE, INC. REALTOR
5201 GULF DRIVE
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 65-1158832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSTETLER, LYNN
5201 GULF DRIVE
C/O A PARADISE, INC. REALTOR
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOSTETLER, LYNN
Address: 5201 GULF DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR () Delete
Name: HOSTETLER, MARY
Address: 5201 GULF DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR () Delete
Name: ALEXANDER, WILLIAM F IV
Address: 5201 GULF DRIVE
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM F ALEXANDER IV

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date