2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013659

1. Entity Name
WHITE PARROT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
301 SE 4TH STREET POMPANO BEACH, FL 33060	301 SE 4TH STREET POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

02042005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
87-0687812	Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, MICHAEL
301 SE 4TH STREET
POMPANO BEACH, FL 33060

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILSON, MICHAEL
STREET ADDRESS	301 SE 4TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/21/05-80072-023 50.00

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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: _____ Michael Wilson 3/10/05

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