

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000014432

1. Entity Name
PARRISH FIBER OPTIC SERVICE LLC



Principal Place of Business

**5205 CR 21
HAWTHORNE, FL 32640**

Mailing Address

**PO BOX 2229
HAWTHORNE, FL 32640**



01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3650936

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARRISH, STEVE
5205 CR 21
HAWTHORNE, FL 32640**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARRISH, STEPHEN T
P.O. BOX 2229 N.A.
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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03/24/05-80048-003 55.00

**DO NOT WRITE
IN THIS SPACE**

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

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

3-21-05 352-546-5819

Date

Daytime Phone #