



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000015584 1. Entity Name PARCEL 309, LLC	
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Principal Place of Business 8221 BLAIE COURT SARASOTA, FL 34234	Mailing Address PO BOX 2838 SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1543644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, CHARLES H 8221 BLAIE COURT SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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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: Charles H. Wilson Manager 1/11/07
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**

U00000604970
01/30/07-80018-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES H 8221 BLAIE COURT SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBINO, G. KELLY 9015 TOWN CENTER PKWY #105 LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MG JAMES, E ROSSEL 8221 BLAIE COURT SARASOTA, FL 34240
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Charles H. Wilson 1/11/07 941-957-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #