

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016663

Entity Name: PARACHUTE PROPERTY LLC

FILED
Jun 01, 2005
Secretary of State

Current Principal Place of Business:

7657 LONDON LANE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7657 LONDON LANE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 32-0022718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIEDLER, MARK
7657 LONDON LANE
BOCA RATON, FL 33433 US

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/MEMBERS:

Title: MGR () Delete
Name: SWANSON, MATT
Address: 3470 PINE HAVEN CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: SIEDLER, MARK
Address: 7657 LONDON LANE
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: FOREMAN, KATE
Address: 7211 W. CYPRESSHEAD DRIVE
City-St-Zip: PARKLAND, FL 33067

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 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 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: MARK SIEDLER

MEMB

06/01/2005

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