
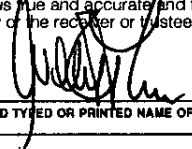


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90352 002 \*\*\*\*50.00

<b>DOCUMENT # L02000020351</b> 1. Entity Name <b>PARROTHEAD ADVENTURES, LLC</b>					
Principal Place of Business <b>420 N.E. 3RD STREET FORT LAUDERDALE, FL 33301 US</b>			Mailing Address <b>420 N.E. 3RD STREET FORT LAUDERDALE, FL 33301 US</b>		
2. Principal Place of Business <b>68 FIESTA WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>68 FIESTA WAY</b> Suite, Apt. #, etc.			
City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33301</b> Country <b>US</b>		City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33301</b> Country <b>US</b>		4. FEI Number <b>37-1438272</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
03302004 Chg-LLC CR2E083 (10/03)					
<b>6. Name and Address of Current Registered Agent</b>  <b>GALLUZZO, GEORGE R JR. 420 N.E. 3RD STREET FORT LAUDERDALE, FL 33301</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLWOOD, GEORGE R JR 420 NE 3RD STREET FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE GALLUZZO 68 FIESTA WAY FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THIES, WILLIAM F JR 420 NE 3RD STREET FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM THIES 68 FIESTA WAY FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOANUA, PAULO 420 NE 3RD STREET FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAULO JOANUA 68 FIESTA WAY FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>WILLIAM THIES</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/19/04</b> Daytime Phone # <b>(954) 732-9065</b>		