2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000020576

1. Entity Name PARKER-DESOTO, LLC



Principal Place of Business

9001 DANIELS PARKWAY

SUITE 200

FORT MYERS, FL 33912

Mailing Address

9001 DANIELS PARKWAY

SUITE 200

FORT MYERS, FL 33912

FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90049 024 ****50.00

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04052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0037947

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICES CORPORATION OF FLORIDA 201 N FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602

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B. The above the obligat	named entity submits this statement for the purpose of charitons of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tide if applicable.	(NOTE: Registered Agent signature required when reinstating)	CATE
F	lling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Do	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN SECTION	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

 I hereby certify that the information supplies indicated on this report is true and accural limited liability company or the receiver of this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information id that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR P

STREET ADDRESS CITY-ST-ZIP

DAVID KUIZNER

INTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE