## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L02000020576

1. Entity Name PARKER-DESOTO, LLC

**FILED** Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

9001 DANIELS PARKWAY

SUITE 200 FORT MYERS, FL 33912

Mailing Address

9001 DANIELS PARKWAY SUITE 200

FORT MYERS, FL 33912



04102007 No Chg-LLC

CR2E083 (11/05)

4.	FE! Number		Applied For
	32-0037947		Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREW SERVICES CORPORATION OF FLORIDA

## DO NOT WOITE

201 N FRANKLIN STREET, SUI TAMPA, FL 33602	TE 2100		IN THIS SPACE		
The above named entity submits this s the obligations of registered agent.	tatement for the purpose of cha	anging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of re	gistered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGII  TITLE MGR  NAME REISMAN, JOHN  STREET ADDRESS 9001 DANIELS PARKV  CITY-ST-ZIP FORT MYERS, FL 339					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		······································	000000724723 05/02/07-80123-006 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		t quality for the exemptions contained in Chapter 140 Elec-			

I hereby certify that the information supplied with this filling 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 receipter or trustee emonwered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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