

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 023 ***138.75

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

30004670

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 32-0037947

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

7. Name and Address of New Registered Agent
 Name: STEPHEN J. MITCHELL
 Street Address (P.O. Box Number is Not Acceptable):
 201 N. FRANKLIN STREET, SUITE 2100
 City: TAMPA FL Zip Code: 33602

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: *Stephen J. Mitchell* DATE: 4/2/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Elaine M. Stultz* DATE: 4/4/08 DAYTIME PHONE #: 239.481.5040 x206