

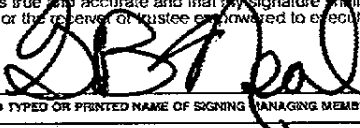


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024254				
1. Entity Name PARSES, L.L.C.				
Principal Place of Business 3816 WEST LINEBAUGH AVE., STE. 210 TAMPA, FL 33624		Mailing Address 3816 WEST LINEBAUGH AVE., STE. 210 TAMPA, FL 33624		
<div style="text-align: right;">  01072004No Chg-LLC CR2E083 (10/03) </div>				
			4. FEI Number 61-1441575	Applied For Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent MIHALE, SHARON 3816 WEST LINEBAUGH AVE., STE. 210 TAMPA, FL 33624				
6. 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 renewing) DATE _____				
Filing Fee is \$50.00 Due by May 1, 2004				
9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MIHALE, DENNIS 3816 WEST LINEBAUGH AVE., STE. 210 TAMPA, FL 33624			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MIHALE, SHARON 3816 WEST LINEBAUGH AVE., STE. 210 TAMPA, FL 33624			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR NEAL, GREG 3816 WEST LINEBAUGH AVE., STE. 210 TAMPA, FL 33624			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP				
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: X 		1/7/04 813-961-8400 <small>Date Daytime Phone #</small>		

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