

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000024959																																		
1. Entity Name PARCEL F, LLC																																		
Principal Place of Business 201 N. FRANKLIN STREET STE. 2600 TAMPA, FL 33602	Mailing Address 201 N. FRANKLIN STREET STE. 2600 TAMPA, FL 33602	 01062006 No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 51-0430151</td><td style="width: 40%; padding: 2px;">Applied For ☐ Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 51-0430151	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																													
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DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent SAMAHA, STEVEN M 201 N. FRANKLIN STREET STE. 2600 TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE																																
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 _____ Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE																																		
Filing Fee is \$50.00 Due by May 1, 2006																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">MGRM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">SAMAHA, STEVEN M</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">201 N FRANKLIN ST STE 2600</td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;">TAMPA, FL 33602</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY - ST - ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	MGRM	NAME	SAMAHA, STEVEN M	STREET ADDRESS	201 N FRANKLIN ST STE 2600	CITY - ST - ZIP	TAMPA, FL 33602	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		000000445398 03/07/06 80042-022 50.00 DO NOT WRITE IN THIS SPACE
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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: <u><i>S Samaha</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date <u>2/20/06</u> Daytime Phone # <u>813/228-8090</u>																																