FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90130 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029050

1. Entity Name
PARKER MANAGEMENT FLORIDA, LLC

NB 11-8-02

Principal Place of Business	Mailing Address
3458 ANGLIN DRIVE, SUITE A SARASOTA, FL 34242	3458 ANGLIN DRIVE, SUITE A SARASOTA, FL 34242

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
9400 Gladiolus Drive		9400 Gladiolus Drive	
Suite, Apt. #, etc.: Suite 250		Suite, Apt. #, etc.: Suite 250	
City & State: Fort Myers, Fl		City & State: Fort Myers, Fl	
Zip: 33908	Country:	Zip: 33908	Country:

4. FEI Number: 03-0492783 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, JOSEPH D 201 N. FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602	Name: Andrew Service Corporation of Florida 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: Judith A. Hall, Assistant Secretary — DATE: 4-15-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	John Reisman		NAME	
STREET ADDRESS	9400 Gladiolus Drive, Suite 250		STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, Fl 33908		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] — Date: 4/11/03 — Daytime Phone #: 239-481-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)