

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003042

FILED
Jan 15, 2008
Secretary of State

Entity Name: PARKER-HAMILTON PROPERTY GROUP, LLC

Current Principal Place of Business:

315 E. ROBINSON STREET, SUITE 555
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

315 E. ROBINSON STREET, SUITE 555
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 55-0816734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEENEY, JEFFREY S
315 E ROBINSON STREET, SUITE 555
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWEENEY, JEFFREY S MGR
Address: 315 E. ROBINSON ST, SUITE 555
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM (X) Delete
Name: TOMBRINK, STEVENS MGR
Address: 3030 N ROCKY POINT DR WEST, SUITE 560
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: TURKNETT, WILLIAM I
Address: 304 S HARBOR CITY BLVD. STE 101
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY S SWEENEY

MGRM

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date