

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003042

FILED
Mar 19, 2009
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:

315 E. ROBINSON STREET
SUITE 555
ORLANDO, FL 32801

Current Mailing Address:

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

New Mailing Address:

315 E. ROBINSON STREET
SUITE 555
ORLANDO, FL 32801

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:

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

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:

03/19/2009

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 () 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:

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

03/19/2009

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