

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90125 049 ****50.00

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DOCUMENT # L03000006832 1. Entity Name BLUE PARROT OF SARASOTA, LLC					
Principal Place of Business 1800 SECOND STREET SUITE 720 SARASOTA, FL 34236			Mailing Address 1800 SECOND STREET SUITE 720 SARASOTA, FL 34236		
2. Principal Place of Business 5903 Parkview Point Dr.		3. Mailing Address 5903 Parkview Point Dr.		04282005 Chg-LLC CR2E083 (10/03) 4. FEI Number 26-0060663 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32821		Country USA		Zip 32821	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, SHERYL A ESQ 1800 SECOND STREET SUITE 720 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Adrienne Bodnar-Carpenter Street Address (P.O. Box Number is Not Acceptable) 5903 Parkview Point DR. City Orlando FL Zip Code 32821	
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 Adrienne Bodnar Carpenter MANAGING MEMBER Adrienne B. Carpenter 4/28/05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BODNAR, BELA TRUSTEE 5903 PARKVIEW POINT DR. ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BODNAR-CAPENTER, ADRIENNE 5903 PARKVIEW POINT DR. ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BODNAR, JOHN 5903 PARKVIEW POINT DR. ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Adrienne Bodnar Carpenter MANAGING MEMBER Adrienne B. Carpenter 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					