

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016693

FILED
Apr 27, 2004
Secretary of State

Entity Name: PARKER PROFESSIONAL OFFICE, L.L.C.

Current Principal Place of Business:

504 CLOVERLEAF DRIVE
LITHIA, FL 33547

New Principal Place of Business:

818 OLD WELCOME RD.
LITHIA, FL 33547 US

Current Mailing Address:

504 CLOVERLEAF DRIVE
LITHIA, FL 33547

New Mailing Address:

818 OLD WELCOME RD.
LITHIA, FL 33547 US

FEI Number: 58-2670319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, ROBIN
504 CLOVERLEAF DRIVE
LITHIA, FL 33547

Name and Address of New Registered Agent:

PARKER, ROBIN C
818 OLD WELCOME RD.
LITHIA, FL 33547

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: ROBIN C. PARKER

04/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PARKER, ANTHONY D
Address: 504 CLOVERLEAF DRIVE
City-St-Zip: LITHIA, FL 33547

Title: MGRM () Delete
Name: PARKER, ROBIN
Address: 504 CLOVERLEAF DRIVE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARKER, ANTHONY D
Address: 818 OLD WELCOME RD.
City-St-Zip: LITHIA, FL 33547 US

Title: MGRM (X) Change () Addition
Name: PARKER, ROBIN
Address: 818 OLD WELCOME ROAD
City-St-Zip: LITHIA, FL 33547 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBIN C. PARKER

MGRM

04/27/2004

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