


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000017255</b> 1. Entity Name GREY PARROT ENTERPRISES, LLC	
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Principal Place of Business 301 SE 4TH STREET POMPAHO BEACH, FL 33060	Mailing Address 301 SE 4TH STREET POMPAHO BEACH, FL 33060
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**DO NOT WRITE IN THIS SPACE**



02042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0689851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WILSON, MICHAEL 301 SE 4TH STREET POMPAHO BEACH, FL 33060	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

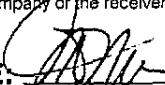
**Filing Fee is \$50.00  
Due by May 1, 2005**

UN00000272096  
03/21/05-80074-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, MICHAEL 301 SE 4TH STREET POMPAHO BEACH, FL 33060
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  MICHAEL WILSON 3/16/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #