


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90562 007 \*\*\*\*50.00

<b>DOCUMENT # L03000033625</b> 1. Entity Name <b>PARKER HUNTERS RIDGE, LLC</b>					
Principal Place of Business <b>9400 GLADIOLUS DRIVE SUITE 250 FORT MYERS, FL 33908 US</b>			Mailing Address <b>9400 GLADIOLUS DRIVE SUITE 250 FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FORT MYERS, FL</b> Zip <b>33912</b>		3. Mailing Address <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FORT MYERS, FL</b> Zip <b>33912</b>		02232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>20-0228946</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3/22/04</b> Daytime Phone # <b>239.981.5040</b>		

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