


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90156 019 \*\*\*138.75

<b>DOCUMENT # L03000033625</b>	
1. Entity Name <b>PARKER HUNTERS RIDGE, LLC</b>	

Principal Place of Business <b>9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912 US</b>	Mailing Address <b>9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912 US</b>
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**50004682**

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0228946</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>STEPHEN J. MITCHELL</b>
Street Address (P.O. Box Number is Not Acceptable) <b>201 N. FRANKLIN STREET, SUITE 2100</b>
City <b>TAMPA</b> FL Zip Code <b>33602</b>

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 *Stephen J. Mitchell* DATE 4/2/08  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN 9001 DANIELS PKWY STE 200 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: *Elaine M. Stultz* **ELAINE M. STULTZ** DATE 4/4/08 DAYLINE PHONE # 239.481.5040X 206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE