## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040817

1. Entity Name
JERRY S. PARKER, LLC

Principal Place of Business

26451 ROOKERY LAKE DR. BONITA SPRINGS, FL 34134-1692 Mailing Address

26451 ROOKERY LAKE DR. BONITA SPRINGS, FL 34134-1692

## FILED Jan 18, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC C

CR2E083 (11/05)

4. FEI Number
05-0589413

5. Certificate of Status Desired

Applied For
Not Applicable

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, JERROLD 26451 ROOKERY LAKE DR. BONITA SPRINGS, FL 34134-1692 DO NOT WRITE IN THIS SPACE

| 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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

| L |  |  |  |
|---|--|--|--|
|   | 9.   | MANAGING MEMBERS/MANAGERS  |  |
|   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>PARKER, JERROLD S<br>26451 ROOKERY LAKE DRIVE<br>BONITA SPRINGS, FL 34134 |  |
|   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |
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|   | TITLE NAME STREET ADDRESS CITY - ST - ZIP  |  |  |
|   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |
| Γ | 11   heraby certify that the information supplied with this filling does not qualify for the a |  |  |

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IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_

NATER MANE OF BIGNING MANAGING MEMBER OF AUTHORIZED RESPECENTATIVE

1-15-07

Daylime Phone #