2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042508

Address:

City-St-Zip:

9172 COLLINS AVE., APT. 402

SURFSIDE, FL 33154

Entity Name: PARKERSON INTERNATIONAL LLC

FILED Jan 24, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	LINS AVE., AF E, FL 33154	T. 402		
Current Mailing Address:			New Mailing Address:	
	LINS AVE., AF E, FL 33154	т. 402		
FEI Number	: 57-1196385	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
9172 COLI	SON, PHILLIP [*] LINS AVE., AF E, FL 33154			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM (ZUNIGA, CARL AVENIDA AREO SAN ISIDRO, L	QUIPA 3440	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (X ZUNIGA, MARI AVENIDA AREG SAN ISIDRO, L	QUIPA 3440	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PARKERSON,) Delete MARIA ALICIA C AVE., APT. 402 33154	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR (PARKERSON,) Delete PHILLIP T DR.	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: PHILLIP T. PARKERSON 01/24/2005