


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State


04-28-2006 90024 047 ****50.00

DOCUMENT # L03000047257	
1. Entity Name PARROTDISE RESORT, LLC	

Principal Place of Business 183 BARRY AVE LITTLE TORCH KEY, FL 33042	Mailing Address 183 BARRY AVE LITTLE TORCH KEY, FL 33042
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2. Principal Place of Business		3. Mailing Address 17 SHIPS WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BIG PINE KEY FL	
Zip	Country	Zip 33043	Country MONROE

20038504



04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 43-2035227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent SMITH, WAYNE L 333 FLEMING STREET KEY WEST, FL 33040	
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7. Name and Address of New Registered Agent	
Name WALTER LEEMAN	
Street Address (P.O. Box Number is Not Acceptable) 17 SHIPS WAY	
City BIG PINE KEY	FL 33043

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 *Walter E. Leeman* (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEEMAN, WALTER E 128 E. CARIBBEAN DRIVE SUMMERLAND KEY, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 SHIPS WAY BIG PINE KEY FL 33043 <input checked="" 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
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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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

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: *Walter E. Leeman* **4/25/06** **305-872-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #