

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000047257

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** PARROTDISE RESORT, LLC

**Current Principal Place of Business:**

183 BARRY AVE  
LITTLE TORCH KEY, FL 33042

**New Principal Place of Business:**

**Current Mailing Address:**

17 SHIPS WAY  
BIG PINE KEY, FL 33043

**New Mailing Address:**

**FEI Number:** 43-2035227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEEMAN, WALTER  
17 SHIPS WAY  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LEEMAN, WALTER E  
**Address:** 17 SHIPS WAY  
**City-St-Zip:** BIG PINE KEY, FL 33043

I hereby 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.

SIGNATURE: WALTER LEEMAN

MGRM

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date