

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031240

Entity Name: 110 N PARKER, LLC

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

5300 SOUTH FLORIDA AVE. SUITE E-2
LAKELAND, FL 33813

New Principal Place of Business:

225 EAST LEMON STREET
351
LAKELAND, FL 33801 US

Current Mailing Address:

P.O. BOX 5378
LAKELAND, FL 338075378

New Mailing Address:

P.O. BOX 2808
LAKELAND, FL 33806 US

FEI Number: 20-1286368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, JOHN F
5300 SOUTH FLORIDA AVE. SUITE E-2
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

WENDEL, JOHN F
225 EAST LEMON STREET
351
LAKELAND, FL 33806 US

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:

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WENDEL, JOHN F
Address: P.O.BOX 5378
City-St-Zip: LAKELAND, FL 33807

Title: MGRM () Delete
Name: WENDEL, STEPHEN F
Address: P.O.BOX 5378
City-St-Zip: LAKELAND, FL 33807

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WENDEL, JOHN F
Address: P.O.BOX 2808
City-St-Zip: LAKELAND, FL 33806

Title: MGRM (X) Change () Addition
Name: WENDEL, STEPHEN F
Address: P.O.BOX 2808
City-St-Zip: LAKELAND, FL 33806

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.

SIGNATURE: /S/ JOHN F. WENDEL

MGRM

01/07/2005

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