

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 022 ****50.00

DOCUMENT # L04000047961

1. Entity Name
MILES PARKER ASSOCIATES, LLC



Principal Place of Business

~~1640 TOWNCENTER CIR~~
~~SUITE 216~~
~~WESTON, FL 33326 US~~

Mailing Address

~~1640 TOWNCENTER CIR~~
~~SUITE 216~~
~~WESTON, FL 33326 US~~

2. Principal Place of Business - No P.O. Box #

209 East 1st Street
Suite, Apt. #, etc.
Unit 205

3. Mailing Address

209 East 1st Street
Suite, Apt. #, etc.
Unit 205

City & State
Ankeny, IA

City & State
Ankeny, IA

Zip
50021-1847 Country
USA

Zip
50021-1847 Country
USA

03072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
74-3125524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PERRONE, STEPHEN~~
~~1647 PALERMO DRIVE~~
~~WESTON, FL 33327~~

7. Name and Address of New Registered Agent

Name
Mark D. Warshaver CPA
Street Address (P.O. Box Number is Not Applicable)
11555 Heron Bay Blvd
Suite 200
City
Coral Springs FL Zip Code
33076

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, of the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/8/2007
DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERRONE, STEPHEN 1647 PALERMO DRIVE WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MALIZIA, RICK 1647 PALERMO DRIVE WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>PERRONE, STEVE</u> <u>209 East 1st Street - #205</u> <u>Ankeny, IA 50021-1847</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>MALIZIA, RICK</u> <u>209 East 1st Street - #205</u> <u>Ankeny, IA 50021-1847</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-14-07

Date

515-965
9905

Daytime Phone #