

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047961

FILED
Feb 23, 2009
Secretary of State

Entity Name: MILES PARKER ASSOCIATES, LLC

Current Principal Place of Business:

209 EAST 1ST STREET
SUITE 205
ANKENY, IA 50021 US

New Principal Place of Business:

1412 NE 23RD LANE
ANKENY, IA 50021 US

Current Mailing Address:

209 EAST 1ST STREET
SUITE 205
ANKENY, IA 50021 US

New Mailing Address:

1412 NE 23RD LANE
ANKENY, IA 50021 US

FEI Number: 74-3125524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARSHAVEN, MARK D
11555 HERON BAY BLVD
POMPANO BEACH, FL 33076 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 () Delete
Name: PERRONE, STEPHEN
Address: 209 EAST 1ST STREET
City-St-Zip: ANKENY, IA 500211847 US

Title: MGRM () Delete
Name: MALIZIA, RICK
Address: 209 EAST 1ST STREET
City-St-Zip: ANKENY, IA 500211847 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERRONE, STEPHEN
Address: 1412 NE 23RD LANE
City-St-Zip: ANKENY, IA 500211847 US

Title: MGRM (X) Change () Addition
Name: MALIZIA, RICK
Address: 1412 NE 23RD LANE
City-St-Zip: ANKENY, IA 500211847 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICK MALIZIA

MGRM

02/23/2009

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