## 2005 LIMITED LIABILITY COMPANY

## ANNUAL REPORT (AR) DOCUMENT # L04000054211 THE PARKERBUILT COMPANY, LLC

## **FILED** Apr 12, 2005 8:00 am Secretary of State

04-12-2005 90014 024 \*\*\*\*50.00

|   |                  | N.                                    |  |              |  | <sup>7</sup>                                |   |                 |                 |                           |
|---|------------------|---------------------------------------|--|--------------|--|---|---|-----------------|-----------------|---------------------------|
| Principal Place of Business Mailing Address   |                  |                                       |  |              | 1  | •   |   |                 |                 |                           |
| 3745 FIELDSTONE BLVD.<br>1107<br>NAPLES FL 34109  |                  |                                       | 3745 FIELDSTONE BLVD.<br>1107<br>NAPLES FL 34109 |              |  |   | 20029027  |                 |                 |                           |
| 2 Dringing D  | Name of Design   |                                       | D \$4-95 \$44                                    |              |  | _   |   |                 |                 |                           |
| 2. Principal Place of Business  |                  |                                       | 3. Mailing Address                               |              |  |   |   |                 |                 |                           |
| Suite, Apt. #, etc.   |                  |                                       | Suite, Apt. #, etc.                              |              |  | 1   | st MOORE  | CR2E083         | (10/04)         |                           |
| City & State  |                  |                                       | City & State                                     |              |  | 4. FEI Num<br>20 -                          | oer<br>14165 79   | ,               | <u> </u>        | plied For<br>t Applicable |
| Zip   | Country          |                                       | Zip  | Zip Count    |  | 5. Certificat                               | 5. Certificate of Status Desired   \$5.00 Additional Fee Required |                 |                 |                           |
| 6. Name and Address of Current  |                  |                                       | Registered Agent                                 |              | 7. Name an   | 7. Name and Address of New Registered Agent |   |                 |                 |                           |
|   |                  |                                       |  |              | Name   |   |   |                 |                 |                           |
| PARKER, CHRISTOPHER M<br>3745 FIELDSTONE BLVD.<br>#1107   |                  |                                       |  |              | Street Address (P.O. Box Number is Not Acceptable) |   |   |                 |                 |                           |
| NAPLES FL 34109   |                  |                                       |  |              | City   |   |   | FL              | Zip Code        | e                         |
| 8. The above  | named entit      | y submits this statement for          | the purpose of changing its                      | register     | I<br>ed office or regi                             | istered agent, or b                         | oth, in the State of FI   |                 | imiliar with,   | and accept                |
|   | tions of regist  |                                       |  | •            | ŭ  |   |   |                 |                 | ,                         |
| SIGNATURE .   | Signature, typed | or pysted name of registered agent at | nd title if applicable (NOT                      | E. Registere | nd Agent signature rec                             | quired when reinstating)                    |   | 41-6-0          | 25              |                           |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 |                  |                                       |  |              |  |   |   |                 |                 |                           |
| 9.  |                  | MANAGING MEMBER                       | RS/MANAGERS                                      | 10.          | reserver in desert                                 | OR MINORALLIA MARROTALI                     | ADDITIONS   | /CHANGES        | • •             |                           |
| TITLE   | MGR              |                                       | ☐ Delete   | TITL         | E  | •   |   |                 | Change          | Addition                  |
| NAME  | 1                | CHRISTOPHER M                         |  | NAM          | <b>I</b>   |   |   |                 |                 |                           |
|   |                  | DSTONE BLVD. #1107                    |  |              | EET ADDRESS  |   |   |                 |                 |                           |
| CITY-ST-ZIP   | NAPLES F         | L 34109                               |  |              | r-ST-ZIP   |   |   | <del> </del>    |                 |                           |
| TITLE<br>NAME   |                  |                                       | ☐ Defete   | TITL<br>NAM  |  |   |   |                 | Change          | Addition                  |
| STREET ADDRESS  |                  |                                       |  |              | EET ADDRESS  |   |   |                 |                 |                           |
| CITY-ST-ZIP   |                  |                                       | • • •  |              | /-ST-ZIP   |   |   | •               |                 |                           |
| TITLE   |                  |                                       | ☐ Delete   | TITL         | E  |   |   |                 | ☐ Change        | Addition                  |
| NAME  |                  |                                       |  | NAM          | AE.  |   |   |                 |                 |                           |
| STREET ADDRESS  |                  | - <del>-</del>                        |  |              | LET ADDRESS  |   |   |                 |                 | -=                        |
| City-St-ZIP   |                  | ·                                     |  | CITY         | r-ST-ZIP   |   |   |                 |                 |                           |
| TITLE   |                  |                                       | ☐ Delete   | TITL         |  |   |   |                 | Change          | Addition                  |
| NAME<br>STREET ADDRESS  |                  |                                       |  | NAM          |  |   |   |                 |                 |                           |
| CITY-ST-ZIP   |                  |                                       |  |              | EET ADDRESS<br>/-ST-ZIP                            |   |   |                 |                 |                           |
| TITLE   | <u> </u>         |                                       | ☐ Delete   | TITL         |  |   |   | <u>-</u>        | ☐ Change        | ☐ Addition                |
| NAME  |                  |                                       | □ Detete   | NAM          | 1  |   |   |                 | ☐ Citatige      |                           |
| STREET ADDRESS  |                  |                                       |  |              | EET ADDRESS  |   |   |                 |                 |                           |
| CITY-ST-ZIP   |                  |                                       |  |              | Y-ST-ZIP   |   |   |                 |                 |                           |
| THILE   |                  |                                       | ☐ Delete   | TITE         | .E   |   |   |                 | Change          | Addition                  |
| NAME  |                  |                                       |  | NAN          | AE   |   |   |                 | _               |                           |
| STREET ADORESS  |                  |                                       |  |              | EET ADORESS  |   |   |                 |                 |                           |
|   |                  |                                       |  |              | Y-SI-ZIP   |   |   |                 |                 |                           |
| 11 I herehv   | cortify that th  | a information supplied with           | this filing does not qualify for                 | e the eve    | motion etatod i                                    | n Section 119.07/1                          | Wil Elevido Statutos  | I further corti | fir that the in | formation                 |

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-6-05