

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000055454

1. Entity Name
PARKER BROTHERS ENTERPRISES, LLC



Principal Place of Business
**PO BOX 510694
MELBORNE BEACH, FL 32951 US**

Mailing Address
**PO BOX 510694
MELBORNE BEACH, FL 32951 US**



02132006 No Chg-LLC

CR2E053 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1474895

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOMMERS, THERESA
5316 8TH STREET
ZEPHYRHILLS, FL 33542**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000456309
03/16/06-80024-013 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PARKER, SHAWN
PO BOX 610694
MELBORNE BEACH, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PARKER, TIMOTHY
340 BAHAMA DR.
INDOANLANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PARKER, TERRY
2667 COOLIDGE ST.
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

3-2-2006 321-956-4000

Date

Daytime Phone #