

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000069479

FILED
Sep 11, 2008
Secretary of State

Entity Name: PARKER BROTHERS INVESTMENTS, LLC

Current Principal Place of Business:

174 PINECREST DR.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

174 PINECREST DR.
SANFORD, FL 32773

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: MGR () Delete
Name: PARKER, JR, DONALD S
Address: 174 PINECREST DR
City-St-Zip: SANFORD, FL 32773 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PARKER, JOHN D
Address: 210 CHARTER OAK CT
City-St-Zip: MOORESVILLE, NC 28115 US

Title: MGR () Change (X) Addition
Name: PARKER, DONALD S
Address: 174 PINECREST DR
City-St-Zip: SANFORD, FL 32773 US

Title: MGR () Change (X) Addition
Name: GRAGG, NORLAND
Address: 2145 PALMETTO AVE
City-St-Zip: SANFORD, FL 32773 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: JOHN D PARKER

MGR

09/11/2008

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