

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90041 018 \*\*\*\*50.00

**20043133**



DOCUMENT # L04000079334			
1. Entity Name PARROT DICE, LLC			
Principal Place of Business 800 FAIRWAY DRIVE, SUITE 370 DEERFIELD BEACH, FL 33441		Mailing Address 800 FAIRWAY DRIVE, SUITE 370 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 2780 NE 48 <sup>th</sup> CT. Suite, Apt. #, etc.		3. Mailing Address 2780 NE 48 CT. Suite, Apt. #, etc.	
City & State Lighthouse Point, FL Zip 33064 Country U.S.		City & State Lighthouse Point, FL Zip 33064 Country U.S.	
4. FEI Number 51-0528344		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLIER, DOUGLAS J 800 FAIRWAY DRIVE, SUITE 370 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Douglas J. Collier Street Address (R.O. Box Number is Not Acceptable) 2780 NE 48 <sup>th</sup> CT. City Lighthouse Point FL Zip Code 33064	
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		DATE 4/24/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME COLLIER, DOUGLAS J STREET ADDRESS 800 FAIRWAY DRIVE, SUITE 370 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE MGR NAME COLLIER, DOUGLAS J. STREET ADDRESS 2780 NE 48 <sup>th</sup> CT. CITY-ST-ZIP Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:		Date 4/24/06 954-494-9639	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	