


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000083610 1. Entity Name PARKER INTERNATIONAL INVESTMENT, LLC	
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Principal Place of Business 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US	Mailing Address 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US
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04102007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1894694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REISMAN, JOHN 9001 DANIELS PARKWAY, SUITE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNIZNER, DAVID 9001 DANIELS PARKWAY, SUITE 200 FORT MYERS, FL 33912
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05/02/07-80123-013 50.00

**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:  **DAVE KNIZNER** **4/16/07** **239.481.5040 x201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #