2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000084970

1. Entity Name



FILED Mar 15, 2006 8:00 am Secretary of State

03-15-2006 90021 050 ****50.00

PARROT	HEAD HOLDINGS, LLC								
Principal Place of Business 8225 WALLINGFORD HILLS LANE JACKSONVILLE, FL 32256		Mailing Address 8225 WALLINGFORD HILLS LANE JACKSONVILLE, FL 32256		I SERIJEJ	ı Bil Baklı Biak Gürl Bekk Gü	il BSIBI (BIFI BIBIN	48111 (271) 48 9	ARI (H IDB)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0309200	6 Chg-LLC	CR2E083	3 (11/05)		
City & State		City & State		4. FEI Nur 75-3	··-			plied For t Applicable	
Zip	Country	Zip	Country		ate of Status Desired	Fe	5.00 Add		
	6. Name and Address of Current F	legistered Agent		7. Name a	nd Address of New F	legistered Ag	ent		
FLORIDA CORPORATE COUNSEL, LLC 101 PHILIPPE PARKWAY, SUITE 301 SAFETY HARBOR, FL 34695			Name Street A	Street Address (P.O. Box Number is Not Acceptable)					
•			City			FL	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered agent, or	both, in the State of Flo		niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent as	no title if applicable. (NOTE	: Registered Agent signat	ure required when reinstating	<u> </u>	DATE		_ 	
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	CHANGES			
TITLE	MGRM	☐ Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	WHITMIRE, BRIAN A		NAME						
STREET ADDRESS	8225 WALLINGFORD HILLS LAN	E	STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE				Change	☐ Addition	
NAME	ROSANDER, WARREN S		NAME			•			
STREET ADDRESS	7921 MCLAURIN RD N		STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE			[Change	Addition	
NAME	HAVENER, PERRY		NAME				_	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP						
TITLE	MGRM				•	,	Change	☐ Addition	
NAME	MGRW	🔀 Delete	TITLE	MGRM . To	t X	l	Onungo		
STREET ADDRESS	HOWARD, DAVIS	⊠ Delete	NAME	Howard, Jo	un D.	ι	Zg Onlange		
	HOWARD, DAVIS 7938 MCLAURIN RD N	∑ Delete	NAME STREET ADDRESS	Howard, Jo 560 Mandali	un D. uy Road	ι	Z) Onlange		
CITY-ST-ZIP	HOWARD, DAVIS	⊠ Delete	NAME	Howard, Jo 560 Mandali Jacksonv. U	4n D. My Road (,FL 32216		Za Ontango		
	HOWARD, DAVIS 7938 MCLAURIN RD N	I Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM Howard, Jo 560 Mandali Jacifconv. U	un D. y Road (,FL 32216		Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	HOWARD, DAVIS 7938 MCLAURIN RD N		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM Howard, Jo 560 Mandali Jacksonv. U	un D. y Road (, FL 32216			Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	HOWARD, DAVIS 7938 MCLAURIN RD N		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM Howard, Jo 560 Mandali Jaciffonv. U	un D. y Road (,FL 32216			☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD, DAVIS 7938 MCLAURIN RD N	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Howard, Jo 560 Mandali Jacksonv. U	un D. y Road (,FL 32216	E	☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOWARD, DAVIS 7938 MCLAURIN RD N		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM Howard, Jo 560 Mandali Jacksonv. U	un D. y Road (,FL 32216	E		Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HOWARD, DAVIS 7938 MCLAURIN RD N	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGPM Howard, Jo 560 Mandali Jacksonv. U	un D. y Road (,FL 32216	E	☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HOWARD, DAVIS 7938 MCLAURIN RD N	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGPM Howard, Jo 560 Mandali Jacksonv. U	un D. y Road c, FL 32216	E	☐ Change		

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.

Warner S Posander / Warren 5. Rosander, SIGNATURE:

SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative 3/10/06

904-779-6006

Daytime Phone #