



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L04000084970 1. Entity Name PARROTHEAD HOLDINGS, LLC	
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Principal Place of Business 8225 WALLINGFORD HILLS LANE JACKSONVILLE, FL 32256	Mailing Address 8225 WALLINGFORD HILLS LANE JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



03012007No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3176437	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

**FLORIDA CORPORATE COUNSEL, LLC
101 PHILIPPE PARKWAY, SUITE 301
SAFETY HARBOR, FL 34695**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**000000657349
03/14/07-80063-018 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITMIRE, BRIAN A 8225 WALLINGFORD HILLS LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSANDER, WARREN S 7921 MCLAURIN RD N JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAVENER, PERRY 7941 MCLAURIN RD N JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOWARD, JOHN D 560 MANDALAY RD JACKSONVILLE, FL 32216
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: *Warren S Rosander*, *Warren S. Rosander* 3/1/07 904-779-6006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #