

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) – DUE BY MAY 1, 2008**

DOCUMENT # L05000039646

1. Entity Name

DREW R. PARKINSON COMPANY, LLC



**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90317 020 ***143.75



1st MOORE CR2E083 (10/07)

Principal Place of Business	Mailing Address		
401 S.W. 4TH AVENUE, SUITE 1207 FT. LAUDERDALE FL 33315	401 S.W. 4TH AVENUE, SUITE 1207 FT. LAUDERDALE FL 33315		

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent			
BARRETT, MAUREEN E 401 S.W. 4TH AVENUE, SUITE 1207 FT. LAUDERDALE FL 33315			

4. FEI Number	Applied For
NO-T APPLICABLE	
Not Applicable	

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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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 changing)

Date

FILE NOW!!! FEE IS \$138.75 + \$5.00 143.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, MAUREEN E		NAME	
STREET ADDRESS	401 S.W. 4TH AVENUE, SUITE 1207		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE: *Maureen E. Barrett*

404-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #