

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084605

Entity Name: PARSONS WOODS, LLC

FILED
Aug 30, 2006
Secretary of State

Current Principal Place of Business:

3145 BENT CREEK DRIVE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

3145 BENT CREEK DRIVE
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 20-3376843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOWDY, MILLER Q
3145 BENT CREEK DRIVE
VALRICO, FL 33594 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOWDY, MILLER Q
Address: 3145 BENT CREEK DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: DOWDY, MYLES P
Address: 602 CITRUS WOOD LANE
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: DOWDY, EDWARD R
Address: 759 TAYLOR STREET
City-St-Zip: AVON PARK, FL 33825 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MILLER Q. DOWDY

MGRM

08/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date