

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084930

Entity Name: PARKS PROJECTS L.L.C.

FILED
Mar 21, 2008
Secretary of State

Current Principal Place of Business:

136 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

136 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-2438555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKS, ROBERT D
136 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: PARKS, ROBERT D
Address: 136 ESCANABA AVE.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM () Delete
Name: PARKS, BETTY L
Address: 136 ESCANABA AVE.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM () Delete
Name: WEIR, LINDA L III
Address: 2604 CRESTVIEW
City-St-Zip: LAS CRUCES, NM 88011

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: WEIR, LINDA L
Address: 2604 CRESTVIEW
City-St-Zip: LAS CRUCES, NM 88011

I hereby certify that the information supplied with this filing does not qualify 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: BETTY L. PARKS

MGMR

03/21/2008

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