## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 23, 2007 08:00 Al Secretary of State

<b>DOCUMENT</b>	# L0500	0087875
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PARKER DELTONA, LLC



Principal Place of Business

Mailing Address

9001 DANIELS PARKWAY

9001 DANIELS PARKWAY

SUITE 200

FORT MYERS, FL 33912 US

SUITE 200 FORT MYERS, FL 33912



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-3419551	 [	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET

## DO NOT WRITE

	SUITE 2100 TAMPA, FL 33602		IN THIS SPACE		
8. The above the obligat	a named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered (	office or registered agent, or both	n, in the State of Florida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Ag	ent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN 9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				0000007247: 05/02/07-8012	39 3-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

DAVE KUIZUEM SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

239.481.5840 + 201