


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000116624</b> 1. Entity Name <b>PARKER LENDERS LLC</b>	
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Principal Place of Business <b>75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483</b>	Mailing Address <b>75 NE 6TH AVENUE SUITE 103 DELRAY BEACH, FL 33483</b>
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**DO NOT WRITE IN THIS SPACE**



01222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-3897666</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINSTEIN, NORMAN S  
75 NE 6TH AVENUE  
SUITE 103  
DELRAY BEACH, FL 33483**

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

**0000000215250**  
**02/14/08-80725-022 138.75**

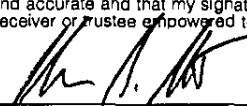
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STATESIDE CAPITAL CORP 75 NE 6TH AVENUE, SUITE 103 DELRAY BEACH, FL 33483</b>
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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:**  **Norman S. Weinstein** **2/1/08** **561-278-9292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #