


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90051 005 \*\*\*\*50.00

<b>DOCUMENT # L05000118993</b>	
1. Entity Name <b>GARDENER PARRISH LEASING, LLC</b>	

Principal Place of Business <b>8211 WEST BROWARD BLVD. SUITE 230 PLANTATION, FL 33324</b>	Mailing Address <b>8211 WEST BROWARD BLVD. SUITE 230 PLANTATION, FL 33324</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>PH-2</b> <b>8211 W. BROWARD BLVD</b>	Suite, Apt. #, etc. <b>PH-2</b> <b>8211 W. BROWARD BLVD</b>	City & State	City & State
Zip	Country	Zip	Country



01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>04-3840739</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>ROSE, ELLEN ESQ</b> <b>ONE S.E. 3RD AVE. SUITE 2950</b> <b>SUNTRUST INTERNATIONAL CENTER</b> <b>MIAMI, FL 33131</b>	

7. Name and Address of New Registered Agent	
Name <b>Peter C. Gardner</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8211 W. BROWARD BLVD PH-2</b>	
City <b>PLANTATION</b>	FL Zip Code <b>33324</b>

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 <b>Peter C. Gardner</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>4/25/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARRISH, WESLEY A MGR 6151 NW 66TH WAY PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Peter C. Gardner</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>4/25/07</b> DAYTIME PHONE <b>954 727-9335</b>