


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 049 *****55.00

DOCUMENT # L06000000780	
1. Entity Name PARALLEL UNIVERSE, LLC	

Principal Place of Business 3471 COUNTY BARN ROAD NAPLES, FL	Mailing Address P.O. BOX 863 NAPLES, FL 34106
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60053702



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07132007 Chg-LLC CR2E083 (12/06)

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34112	Country Collier
Zip 34106	Country Collier

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MEOLA, GERARD 3471 COUNTY BARN ROAD NAPLES, FL 34112	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____ Daytime Phone # _____