


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 020 ***138.75

DOCUMENT # L06000028059 1. Entity Name PARKER HIDDEN BAY, LLC					
Principal Place of Business 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US			Mailing Address 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4514184	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name STEPHEN J. MITCHELL Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET, SUITE 2100 City TAMPA FL Zip Code 33602		
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 			Stephen J. Mitchell		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN 9001 DANIELS PARKWAY, SUITE 200 FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			ELAINE M. STULTZ		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/4/08 Daytime Phone # 239.481.5940 X 206		

50004681



04012008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **STEPHEN J. MITCHELL**

Street Address (P.O. Box Number is Not Acceptable)

201 N. FRANKLIN STREET, SUITE 2100

City **TAMPA** FL Zip Code **33602**

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SIGNATURE  Stephen J. Mitchell 4/2/08

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FORT MYERS, FL 33912

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4/4/08

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Date

Daytime Phone #