



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000044819 1. Entity Name JONATHAN PARKS ARCHITECT, P.L.						FILED 07 MAY -9 PM 2:47 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 25333 SARASOTA, FL 34277-2333				Mailing Address P.O. BOX 25333 SARASOTA, FL 34277-2333			
2. Principal Place of Business - No P.O. Box # 1471 5th STREET		3. Mailing Address Suite, Apt. #, etc. _____					
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____					
City & State SARASOTA, FL.		City & State _____					
Zip 34236		Country USA		4. FEI Number 02-4788938		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04252007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVE. SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR PARKS, JONATHAN <input type="checkbox"/> Delete P.O. BOX 25333 SARASOTA, FL 342772333		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 500103099905 05/23/07--01018--018 **300.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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: _____ 04/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							