

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055124

Entity Name: PARSONS PROJECT, LLC

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

3001 W. BAY VILLA
TAMPA, FL 33611

New Principal Place of Business:

509 GUI SANDO DE AVILA
SUITE 200
TAMPA, FL 33613

Current Mailing Address:

PO BOX 18082
TAMPA, FL 33679

New Mailing Address:

FEI Number: 20-4955877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, THOMAS N III
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: O'BRIEN, MARK J
Address: 3001 W. BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: O'BRIEN, MARK J
Address: 509 GUI SANDO DE AVILA, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: V () Change (X) Addition
Name: O'BRIEN, CHAD R
Address: 509 GUI SANDO DE AVILA, SUITE 200
City-St-Zip: TAMPA, FL 33613

Title: V () Change (X) Addition
Name: O'BRIEN, MATT J
Address: 509 GUI SANDO DE AVILA, SUITE 200
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHAD O'BRIEN

V

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date