2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L06000055124

Entity Name: PARSONS PROJECT, LLC

Current Principal Place of Business:

509 GUISANDO DE AVILA
SUITE 200
TAMPA, FL 33613

New Principal Place of Business:

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:	509 GUISANDO DE AVILA, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	
Title:	V	( ) Delete
Name:	O'BRIEN, CHAD R	
Address:	509 GUISANDO DE AVILA, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	
Title:	V	( ) Delete
Name:	O'BRIEN, MATT J	
Address:	509 GUISANDO DE AVILA, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 03/30/2009

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