2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058539

Entity Name: PARKS FAMILY INVESTMENTS, LLC

FILED Jan 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

410 JOHN ANDERSON DRIVE 410 JOHN ANDERSON DRIVE ORMAOND BEACH, FL 32176 ORMOND BEACH, FL 32176

Current Mailing Address: New Mailing Address:

410 JOHN ANDERSON DRIVE 410 JOHN ANDERSON DRIVE ORMAOND BEACH, FL 32176 ORMOND BEACH, FL 32176

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKS, JEFFREY D M.D.
410 JOHN ANDERSON DRIVE
ORMAOND BEACH, FL 32176 US
PARKS, JEFFREY D M.D.
410 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176 US

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: 01/25/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PARKS, JEFFREY D M.D.
 Name:

 Address:
 410 JOHN ANDERSON DRIVE
 Address:

 City-St-Zip:
 ORMAOND BEACH, FL 32176
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:PARKS, PENNY EName:PARKS, PENNY E MRS.Address:410 JOHN ANDERSON DRIVEAddress:410 JOHN ANDERSON DRIVECity-St-Zip:ORMAOND BEACH, FL 32176City-St-Zip:ORMAOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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: PENNY E. PARKS MGRM 01/25/2007