

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90190 030 ****50.00

DOCUMENT # L06000071205

1. Entity Name

PARRISH FAMILY PROPERTIES L.L.C.



Principal Place of Business

Mailing Address

7422 SOUTH C.R. 231
LAKE BUTLER FL 32054

7422 SOUTH C.R. 231
LAKE BUTLER FL 32054



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

51-0604441

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

PARRISH, ROBERT E
7422 SOUTH C.R. 231
LAKE BUTLER FL 32054

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR Delete
 NAME: PARRISH, ROBERT E
 STREET ADDRESS: 7422 SOUTH C.R. 231
 CITY ST ZIP: LAKE BUTLER FL 32054

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY ST ZIP:

TITLE: MGRM Delete
 NAME: PARRISH, REGINA H
 STREET ADDRESS: 7422 SOUTH C.R. 231
 CITY ST ZIP: LAKE BUTLER FL 32054

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY ST ZIP:

TITLE: Delete
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TITLE: Change Addition
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 CITY ST ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert E Parrish Robert E Parrish 2-22-07 (386) 496-3415
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #