

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000080093

**FILED**  
**Feb 10, 2008**  
**Secretary of State**

**Entity Name:** PARKERSON I, LLC

**Current Principal Place of Business:**

415 IDLEWOOD DRIVE  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

403 IDLEWOOD DRIVE  
ORMOND BEACH, FL 32176 US

**Current Mailing Address:**

415 IDLEWOOD DRIVE  
ORMOND BEACH, FL 32176 US

**New Mailing Address:**

403 IDLEWOOD DRIVE  
ORMOND BEACH, FL 32176 US

**FEI Number:** 20-5373180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORES, PETER  
415 IDLEWOOD DRIVE  
ORMOND BEACH, FL 32176 US

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

FLORES, PETER  
403 IDLEWOOD 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:**

02/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FLORES, PETER  
Address: 415 IDLEWOOD DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLORES, PETER  
Address: 403 IDLEWOOD DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

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:** PETER C FLORES

MGR

02/10/2008

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