


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90350 022 ****50.00

DOCUMENT # L06000089261		
1. Entity Name PARMA VENTURES, L.L.C.		

Principal Place of Business 1428 U.S. HIGHWAY 19 NORTH HOLIDAY, FL 34691	Mailing Address 1428 U.S. HIGHWAY 19 NORTH HOLIDAY, FL 34691
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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

40098229



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5527866	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 EAST ORANGE STREET TARPON SPRINGS, FL 34689	
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7. Name and Address of New Registered Agent Name Daniel E. Johnson, CPA Street Address (P.O. Box Number is Not Acceptable) 3194c U.S. 19 N. City Palm Harbor FL Zip Code 38684	
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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 <u><i>George Lonjak</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/30/07</u> Signature typed or printed name of registered agent and title if applicable.	
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONJAK, GEORGE 1428 U.S. HIGHWAY 19 NORTH HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>George Lonjak</i> Date 4/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #	
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