

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000092347

1. Entity Name

BLUE PARROT PROPERTY HOLDING, LLC



Principal Place of Business

1118 GULF BREEZE PARKWAY, SUITE 100  
GULF BREEZE, FL 32561

Mailing Address

1118 GULF BREEZE PARKWAY, SUITE 100  
GULF BREEZE, FL 32561



01232008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2614963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOCK, ROBERT R  
1118 GULF BREEZE PARKWAY, SUITE 100  
GULF BREEZE, FL 32561

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000865511  
04/07/08-800931-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME STOCK, ROBERT R M.D.  
STREET ADDRESS 1118 GULF BREEZE PARKWAY, SUITE 100  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE MGRM  
NAME STACHLER, RICHARD M.D.  
STREET ADDRESS 1118 GULF BREEZE PARKWAY, SUITE 100  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert R. Stock MD

3/17/8

850-932-0440