

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90040 006 \*\*\*\*50.00

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> L06000106214                |  |
| <b>1. Entity Name</b><br>PARKING SYSTEMS, LLC |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>19442 EAST COUNTRY CLUB DRIVE<br>AVENTURA FL 33180 | <b>Mailing Address</b><br>19442 EAST COUNTRY CLUB DRIVE<br>AVENTURA FL 33180 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



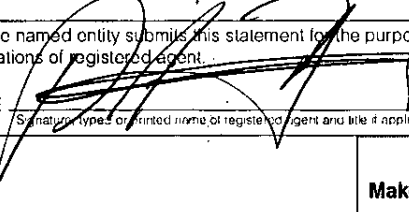
|                                                                                                            |                                                            |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b><br>19442 E Country Club Dr.<br>Suite, Apt. #, etc. 0 | <b>3. Mailing Address</b><br>Same<br>Suite, Apt. #, etc. 0 |
| <b>City &amp; State</b><br>Aventura FL                                                                     | <b>City &amp; State</b><br>Aventura FL                     |
| <b>Zip</b><br>33180                                                                                        | <b>Country</b><br>Dade                                     |
| <b>Zip</b><br>33180                                                                                        | <b>Country</b><br>Dade                                     |

1st MOORE CR2E083 (10/06)

|                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br>SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI FL 33145 |
|-------------------------------------------------------------------------------------------------------------------------------------|

|                                                                  |                                                                                            |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>4. FEI Number</b>                                             | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b>                                                      |

|                                                                                       |                                    |
|---------------------------------------------------------------------------------------|------------------------------------|
| <b>7. Name and Address of New Registered Agent</b>                                    |                                    |
| <b>Name</b><br>Gladys Borda                                                           |                                    |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>19442 E COUNTRY CLUB DR. |                                    |
| <b>City</b><br>Aventura                                                               | <b>FL</b> <b>Zip Code</b><br>33180 |

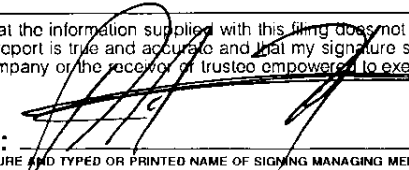
|                                                                                                                                                                                                                                      |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>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.</b> |                        |
| <b>SIGNATURE</b><br><br>Peter Zuniga                                                                                                               | <b>DATE</b><br>4/25/07 |

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

| 9. MANAGING MEMBERS/MANAGERS                           |                                            |
|--------------------------------------------------------|--------------------------------------------|
| <b>TITLE</b><br>MGR                                    | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b><br>ZUNIGA, PETER                           |                                            |
| <b>STREET ADDRESS</b><br>19442 EAST COUNTRY CLUB DRIVE |                                            |
| <b>CITY-ST-ZIP</b><br>AVENTURA FL 33180                |                                            |
| <b>TITLE</b><br>MGR                                    | <input type="checkbox"/> Delete            |
| <b>NAME</b><br>CIPULLO, JULIO                          |                                            |
| <b>STREET ADDRESS</b><br>19442 EAST COUNTRY CLUB DRIVE |                                            |
| <b>CITY-ST-ZIP</b><br>AVENTURA FL 33180                |                                            |
| <b>TITLE</b><br>S                                      | <input type="checkbox"/> Delete            |
| <b>NAME</b><br>BORDA, GLADYS                           |                                            |
| <b>STREET ADDRESS</b><br>19442 EAST COUNTRY CLUB DRIVE |                                            |
| <b>CITY-ST-ZIP</b><br>AVENTURA FL 33180                |                                            |
| <b>TITLE</b><br>NAME                                   | <input type="checkbox"/> Delete            |
| <b>STREET ADDRESS</b><br>CITY-ST-ZIP                   |                                            |
| <b>TITLE</b><br>NAME                                   | <input type="checkbox"/> Delete            |
| <b>STREET ADDRESS</b><br>CITY-ST-ZIP                   |                                            |
| <b>TITLE</b><br>NAME                                   | <input type="checkbox"/> Delete            |
| <b>STREET ADDRESS</b><br>CITY-ST-ZIP                   |                                            |

| 10. ADDITIONS/CHANGES                             |                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b><br>MGR. Pres                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>Gladys Borda                       |                                                                              |
| <b>STREET ADDRESS</b><br>19442 E COUNTRY CLUB DR. |                                                                              |
| <b>CITY-ST-ZIP</b><br>Aventura FL 33180           |                                                                              |
| <b>TITLE</b><br>NAME                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>CITY-ST-ZIP              |                                                                              |
| <b>TITLE</b><br>NAME                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>CITY-ST-ZIP              |                                                                              |
| <b>TITLE</b><br>NAME                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>CITY-ST-ZIP              |                                                                              |
| <b>TITLE</b><br>NAME                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>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.**

|                                                                                                                          |                        |                     |
|--------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| <b>SIGNATURE:</b><br><br>Peter Zuniga | <b>DATE</b><br>4/25/07 | <b>305-986 4343</b> |
|--------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|