
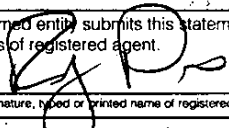
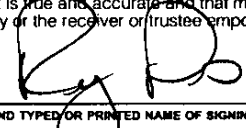


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90030 045 ***138.75

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L06000116634 | | | |  | |
| 1. Entity Name PARSONS GROUP 4, LLC | | | | | |
| Principal Place of Business 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 | | | Mailing Address 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 | | |
| 2. Principal Place of Business - No P.O. Box # 202 BROADWAY Suite, Apt. #, etc. | | 3. Mailing Address 202 BROADWAY Suite, Apt. #, etc. | |  | |
| City & State KISSIMMEE, FLORIDA | | City & State KISSIMMEE, FLORIDA | | 4. FEI Number 20-5992017 | |
| Zip 34741 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARSONS, RAY C 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 | | | | 7. Name and Address of New Registered Agent Name: Ray Parsons Street Address (P.O. Box Number is Not Acceptable): 202 BROADWAY City: KISSIMMEE FL Zip Code: 34741 | |
| 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:  DATE: 4.18.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PARSONS, RAY C 8 BROADWAY KISSIMMEE, FL 34741 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 202 BROADWAY KISSIMMEE, FL 34741 | <input checked="" 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 |
| 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 |
| 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 |
| 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 |
| 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:  | | | | Date: 4.18.08 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date Daytime Phone #</small> | |

60037258