## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L07000039626**

**1.** Entity Name
**PARROTT AVENUE PARTNERS, LLC**

50002744

| Principal Place of Business | Mailing Address |
|---|---|
| 21707 SAN SIMEON CIRCLE BOCA RATON, FL 33433 | 21707 SAN SIMEON CIRCLE BOCA RATON, FL 33433 |

| 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 |

04102008    Chg-LLC    CR2E083 (12/06)

**4.** FEI Number  20-8819455    ☐ Applied For  ☐ Not Applicable

**5.** Certificate of Status Desired    ☐  **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DUFFY, SCOTT M 21707 SAN SIMEON CIRCLE BOCA RATON, FL 33433 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City ____ FL ____ Zip Code |

**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 4/10/08
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)

**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 | MGRM DUFFY, SCOTT M 21707 SAN SIMEON CIRCLE BOCA RATON, FL 33433 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DUFFY, KEITH F 21707 SAN SIMEON CIRCLE BOCA RATON, FL 33433 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ 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 4/10/08    Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE