

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90054 003 \*\*\*138.75

60030648



<b>DOCUMENT # L07000118454</b> 1. Entity Name <b>PARKER BROTHERS LLC</b>					
Principal Place of Business <b>10822 PINE LODGE TRAIL DAVIE, FL 33328</b>			Mailing Address <b>10822 PINE LODGE TRAIL DAVIE, FL 33328</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State _____			City & State _____		
Zip _____		Country _____		4. FEI Number <b>26-2187818</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KATZ BASKIES LLC 2255 GLADES ROAD 240W BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <b>MGR</b>	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>PARKER, RANDY</b>	<input type="checkbox"/> Delete		NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>10822 PINE LODGE TRAIL</b>	<input type="checkbox"/> Delete		STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>DAVIE, FL 33328</b>	<input type="checkbox"/> Delete		CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	<input type="checkbox"/> Delete		NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	<input type="checkbox"/> Delete		STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	<input type="checkbox"/> Delete		CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	<input type="checkbox"/> Delete		NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	<input type="checkbox"/> Delete		STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3/20/08</b> Daytime Phone # <b>9544106677</b>		