2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005395

in the State of Florida.

Entity Name: J. PARSONS ENTERPRISES LLC

FILED Aug 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5420 CORK OAK STREET 6017 SAN SALVADOR ROAD SARASOTA, FL 34232 US NORTH PORT, FL 34291 US

Current Mailing Address: New Mailing Address:

5420 CORK OAK STREET 6017 SAN SALVADOR ROAD SARASOTA, FL 34232 US NORTH PORT, FL 34291 US

FEI Number: 26-2007153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US
PARSONS, JOSHUA G OWNER
6017 SAN SALVADOR
NORTH PORT, FL 34291 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: JOSHUA G. PARSONS 08/06/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete (X) Change () Addition PARSONS, JOSHUA G PARSONS, JOSHUA G Name: Name: Address: 5420 CORK OAK STREET Address: 6017 SAN SALVADOR ROAD City-St-Zip: SARASOTA, FL 34232 US City-St-Zip: NORTH PORT, FL 34291 US

(X) Change () Addition Title: MGRM () Delete Title: MGRM Name: PARSONS, AMANDA M Name: PARSONS, AMANDA M Address: 5420 CORK OAK STREET Address: 6017 SAN SALVADOR City-St-Zip: SARASOTA, FL 34232 US City-St-Zip: NORTH PORT, FL 34291 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA G PARSONS MGMR 08/06/2009