

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006199

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PARKER ENTERPRIZE LLC

**Current Principal Place of Business:**

2100 N AUSTRALIAN AVE  
411N  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

2100 N AUSTRALIAN AVE  
411N  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

**FEI Number:** 36-4647325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, KENISAH E  
2100 N AUSTRALIAN AVE  
UNIT 411N  
WEST PALM BEACH, FL 33407 US

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

PARKER, KENISHA E  
2100 N AUSTRALIAN AVE  
UNIT 411N  
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE: KENISHA PARKER

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PARKER, KENISHA E  
Address: 2100 N AUSTRALIAN AVE UNIT 411N  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGRM  
Name: ROBINSON JR, AARON P  
Address: 2100 N AUSTRALIAN AVE 411N  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGRM  
Name: PARKER, AL-TERRICK D  
Address: 2100 N AUSTRALIAN AVE 411N  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: MGRM  
Name: JACKSON, EMMANUEL J  
Address: 2100 N AUSTRALIAN AVE 411N  
City-St-Zip: WEST PALM BEACH, FL 33407 US

I hereby 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: KENISHA PARKER

MGRM

04/30/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date