

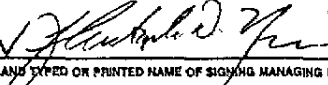


FILED
Mar 08, 2004 08:00 AM
Secretary of State

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000004276		
1. Entity Name PARSONS EVERGREENE, LLC		
Principal Place of Business 1132 SOUTH 500 WEST SALT LAKE CITY, UT 84101		Mailing Address 1132 SOUTH 500 WEST SALT LAKE CITY, UT 84101
DO NOT WRITE IN THIS SPACE		
		 01212004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 65-1210252		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 (if applicable, (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
000000080006 03/08/04-80091-014 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, JOHN A 100 WEST WALNUT STREET PASADENA, CA 91124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINO, FRANK D 100 WEST WALNUT STREET PASADENA, CA 91124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, DOUGLAS K 1132 SOUTH 500 WEST SALT LAKE CITY, UT 84101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSON, CHRISTOPHER D 1132 SOUTH 500 WEST SALT LAKE CITY, UT 84101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.		
SIGNATURE:  Christopher D. Nielson, Manager, January 23, 2004 (801) 363-2274		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		