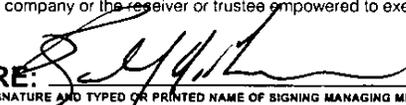


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY -2 PM 1:42

SECRET  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M05000003874</b> 1. Entity Name <b>PARKER'S LANDING CONDOMINIUMS LLC</b>								
Principal Place of Business <b>400 EAST CARY STREET RICHMOND, VA 23219</b>			Mailing Address <b>400 EAST CARY STREET RICHMOND, VA 23219</b>					
2. Principal Place of Business		3. Mailing Address		03092006 Chg-LLC CR2E083 (11/05)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number				<input checked="" type="checkbox"/> Applied For
City & State		City & State		5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip	Country					
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>						<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>				
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HARDING PARK, INC.			NAME				
STREET ADDRESS	400 EAST CARY STREET			STREET ADDRESS				
CITY-ST-ZIP	RICHMOND, VA 23219			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
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> 				<b>Richard A. Giannotti</b> <b>Authorized Agent</b>		<b>4/24/06 804-819-1864</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #		