

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006925

FILED  
May 12, 2006  
Secretary of State

**Entity Name:** PARROTS OF THE CARIBBEAN, LLC

**Current Principal Place of Business:**

2777 N POINCIANA BLVD.  
KISSIMMEE, FL 34764

**New Principal Place of Business:**

**Current Mailing Address:**

2777 N POINCIANA BLVD.  
KISSIMMEE, FL 34764

**New Mailing Address:**

FEI Number: 66-0651076      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:**

DAKU, THOMAS  
2777 N POINCIANA BLVD.  
KISSIMMEE, FL 34764      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RICE, DANIEL L  
Address: 12 TRILLIUM CENTER  
City-St-Zip: CASHIERS, NC 28717

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MEMB      ( ) Change (X) Addition  
Name: DAKU, THOMAS F MEMBER  
Address: 2777 N. POINCIANA BLVD  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS DAKU

MEMB

05/12/2006

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