

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001945**

1. Entity Name

PARROT'S LANDING PHASE II LLC



Principal Place of Business

3990 RUFFIN ROAD  
SUITE 100 ATTN: LEGAL  
SAN DIEGO, CA 92123JS

Mailing Address

3990 RUFFIN ROAD  
SUITE 100 ATTN: LEGAL  
SAN DIEGO, CA 92123JS



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

33-0882970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | MGRM                           |
| NAME            | PARROT'S LANDING INVESTORS LLC |
| STREET ADDRESS  | 3990 RUFFIN ROAD, SUITE 100    |
| CITY - ST - ZIP | SAN DIEGO, CA 92123            |

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| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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0000001945  
01/23/06-80016-001 \$0.00

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IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-5-06 858-614-7200