

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90235 033 \*\*\*\*55.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L01000010217  
**1. Entity Name**  
**PHG GP HOLDINGS, LLC**

**Principal Place of Business**  
 9400 SOUTH DADELAND BLVD.  
 SUITE 100  
 MIAMI FL 33156

**Mailing Address**  
 9400 SOUTH DADELAND BLVD.  
 SUITE 100  
 MIAMI FL 33156

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-118167  **Applied For**  
 **Not Applicable**

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCDONOUGH, BRIAN J**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER STREET**  
**MIAMI FL 33130**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **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.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

<b>TITLE</b> Chairman	<input type="checkbox"/> Delete
<b>NAME</b> Louis Wolfson, III	
<b>STREET ADDRESS</b> 9400 S. Dadeland Blvd. #100	
<b>CITY-ST-ZIP</b> Miami, FL 33156	
<b>TITLE</b> President	<input type="checkbox"/> Delete
<b>NAME</b> Michael D. Wolf	
<b>STREET ADDRESS</b> 9400 S. Dadeland Blvd #100	
<b>CITY-ST-ZIP</b> Miami, FL 33156	
<b>TITLE</b> Vice President	<input type="checkbox"/> Delete
<b>NAME</b> David O. Deuten	
<b>STREET ADDRESS</b> 9400 S. Dadeland Blvd #100	
<b>CITY-ST-ZIP</b> Miami, FL 33156	
<b>TITLE</b> Vice President	<input type="checkbox"/> Delete
<b>NAME</b> Mitchell M. Friedman	
<b>STREET ADDRESS</b> 9400 S. Dadeland Blvd #100	
<b>CITY-ST-ZIP</b> Miami, FL 33156	
<b>TITLE</b> 	<input type="checkbox"/> Delete
<b>NAME</b> 	
<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Delete
<b>NAME</b> 	
<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	

<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 	
<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 	
<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 	
<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 	
<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.**

**SIGNATURE:** DAVID O. DEUTEN **DAVID DEUTEN** 4/4/02 205 854-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)