20 <u>0</u> 2 U	IIFUKM BU	SINESS KEP	וחע	UBH	1				6
DOCUMENT # L01000017797 1. Entity Name (1)					<i>'</i> ,	FILED STATE	M 3/2		_
PHG - PARK,	LLC			59	BIVIS	AURIO -	1/-	28	
Principal Place of Business 9400 SOUTH DADELAND BLVD STE. 100 MIAMI FL 33156		Mailing Address 9400 SOUTH DADELAND MIAMI FL 33156	9400 SOUTH DADELAND BLVD., STE. 100		02	MAR 28 PM 12: 47			
	····								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address	Suite, Apt. #, etc.						
City & State			City & State			DO NOT WRITE IN 1		oplied For	7
Zip Country			Zip Country		4. FEIN	65-11186	\$5.00 Ad	ot Applicable	1
· · · · · · · · · · · · · · · · · · ·	me and Address of Curre		Country	y		ficate of Status Desired e and Address of New Register	Fee Require		4
	ino and Address of Carre	III HOGISTOI EU AGOIN		Name		o una ricultosa or trem inquistr	iloa Agoilt		1
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER			-	Street Ad	dress (P.O. Box N	ss (P.O. Box Number is Not Acceptable)			
150 WEST MIAMI FL 3	FLAGLER ST. 3130		City				Tin Cod	h	}
The above named entity submits this statement for the purpose of changing its				City FL Zip Code					-
8. The above named 6	inuty submits this statement	tor the purpose of changing i	ts registered	office or i	egistered agent,	or both, in the State of Florida.			
SIGNATURE	ped or printed name of registered age	ent and title if applicable. (No	DTE: Registered A	Agent signature	e required when reinstat	ng) D	ATE		
FILE NOW! Make Check Payabl				Departn	nent of State]
9.	MANAGING MEMI	BERS/MANAGERS	ue By May	y 1, 2002	·	ADDITIONS/CHAN	IGES		}
TITLE NAME STREET ADDRESS C(IY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS	9400 5		☐ Change	ddition	CR2E083 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	ADDRESS	<u>Miami,</u>	PC 3 5150	☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		50000518 -04/01/02 ******55.1	30615 010851	□ Addition 102 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			☐ Change	☐ Addition	
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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANAGEN GRANGING MEMBER, MANAGEN, OR AUTHORIZED REPRESENTATIVE Dayling Propagation of the page of the state of the st									
or contact to		memocn, m	anweil, Wit Al			Party .	Defining LIMING #		1