

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002198

Entity Name: PHOENIX PLACE, LLC

FILED
Feb 04, 2005
Secretary of State

Current Principal Place of Business:

400 WEST ATLANTIC AVE. 2ND FLOOR
DELRAY BEACH, FL 33444

New Principal Place of Business:

400 WEST ATLANTIC AVE.
SUITE 200
DELRAY BEACH, FL 33444

Current Mailing Address:

400 WEST ATLANTIC AVE. 2ND FLOOR
DELRAY BEACH, FL 33444

New Mailing Address:

400 WEST ATLANTIC AVE.
SUITE 200
DELRAY BEACH, FL 33444

FEI Number: 02-0558049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEATHERSPOON, JIMMY
130 NW 8TH AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: WEATHERSPOON, JIMMY
Address: 130 NW 8TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR () Delete
Name: SANDERS, WILLIAM
Address: 400 WEST ATLANTIC AVE. 2ND FLOOR
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SANDERS, WILLIAM
Address: 400 WEST ATLANTIC AVE., SUITE 200
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM SANDERS

MGR

02/04/2005

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