


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90036 020 \*\*\*\*50.00

**DOCUMENT # L04000009399**

1. Entity Name  
**PHOENIX ASSETS, LLC**



Principal Place of Business  
**10315 44TH AVE W. 39 5TH ST  
 BRADENTON, FL 34210**

Mailing Address  
**10315 44TH AVE W. 39 5TH ST  
 BRADENTON, FL 34210**

**ZUU4b3zb**

2. Principal Place of Business  
**2370 SOFIA LN.**

3. Mailing Address  
**2370 SOFIA LN**

Suite, Apt. #, etc.



05052006 Chg-LLC CR2E083 (11/05)

City & State  
**PUNTA GORDA, FL**

City & State  
**PUNTA GORDA FL**

Zip  
**33983**

Country  
**CHARLOTTE**

Zip  
**33983**

Country  
**CHARLOTTE**

4. FEI Number  
**04-3784316**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOFIELD, P. ALLEN ESQ  
 1429 60TH AVENUE WEST STE. 300  
 BRADENTON, FL 34207**

7. Name and Address of New Registered Agent

Name  
**MICHAEL DEIGNAN**

Street Address (P.O. Box Number is Not Acceptable)  
**2370 SOFIA LN.**

City  
**PUNTA GORDA FL**

Zip Code  
**33983**

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 **Michael Deignan** **MICHAEL DEIGNAN PRES.** **5/5/2006**

Signature, typed or printed name of registered agent and his/her applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEIGNAN, MICHAEL P 10315 44TH AVENUE WEST 39TH STREET BRADENTON, FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEXTON, TERRANCE D 15 HAYMEADOW ROAD MORRISONVILLE, NY 12962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEIGNAN, MICHAEL P. 2370 SOFIA LN PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: **Michael Deignan** **5-5-2006** **941-766-8437**

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