

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061276

Entity Name: NEXT PHASE, LLC

FILED
Mar 14, 2006
Secretary of State

Current Principal Place of Business:

1401 BERMUDA ROAD
MARCO ISLAND, FL 34145

New Principal Place of Business:

9134 CHERRY OAKS LANE
202
NAPLES, FL 34114

Current Mailing Address:

83 ARLINGTON AVENUE
PROVIDENCE, RI 02906

New Mailing Address:

101 NORTH MAIN STREET
600
PROVIDENCE, RI 02903

FEI Number: 20-1549008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUS & BALLENGER, P.A.
1072 GOODLETTE ROAD
NAPLES, FL 34102 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/MANAGERS:

Title: MGRM () Delete
Name: BUONGIORNO, GREGG
Address: 83 ARLINGTON AVENUE
City-St-Zip: PROVIDENCE, RI 02906

Title: MGRM () Delete
Name: BARAO, EDWARD
Address: 83 ARLINGTON AVENUE
City-St-Zip: PROVIDENCE, RI 02906

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUONGIORNO, GREGG
Address: 101 NORTH MAIN STREET #600
City-St-Zip: PROVIDENCE, RI 02903

Title: MGRM (X) Change () Addition
Name: BARAO, EDWARD
Address: 101 NORTH MAIN STREET #600
City-St-Zip: PROVIDENCE, RI 02903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GREGG BUONGIORNO

MGRM

03/14/2006

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