


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-02-2006 90042 030 ****50.00

DOCUMENT # L04000093029 1. Entity Name PH203 INVESTMENTS LLC					
Principal Place of Business 1637 SW 8TH ST MIAMI, FL 33135 US			Mailing Address 1637 SW 8TH ST MIAMI, FL 33135 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR 205064919	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CALDERON, LISSETTE 1637 SW 8TH ST MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY - ST - ZIP		10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MGRM CALDERON, LISSETTE 1637 SW 8TH ST MIAMI, FL 33135		[] Change [] Addition			
[] Delete		[] Change [] Addition			
[] Delete		[] Change [] Addition			
[] Delete		[] Change [] Addition			
[] Delete		[] Change [] Addition			
[] Delete		[] Change [] 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/26/06 305-285-7418 <small>Date Daytime Phone #</small>	

30011100



04252006 Chg-LLC CR2E083 (11/05)

ATTACHMENT
30011100
#L04060093029

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-5064919 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested <u>PH203 Investments LLC</u>		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>1637 SW 8 Street</u>		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code <u>Miami FL 33135</u>		5b City, state, and ZIP code
6* County and state where principal business is located County <u>Miami Dade</u> State <u>FL</u>		
7a Name of principal officer, general partner, grantor, owner, or trustor <u>Lissette Calderon</u>		7b SSN, ITIN, EIN
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ <u>Limited Liability Co</u>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶ </div> <div style="width: 45%;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </div> </div>		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>LLC</u> <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </div> </div>		
10* Date business started or acquired (month, day, year) <u>DEC 23 2004</u>		11 Closing month of accounting year <u>DEC</u>
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶		
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-"		<div style="display: flex; justify-content: space-around;"> Agriculture Household Other </div>
14* Check box that best describes the principal activity of your business <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance </div> <div style="width: 45%;"> <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other </div> </div> <input checked="" type="checkbox"/> Other (specify) <u>Investment Management</u>		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>Real Estate Investment & Management</u>		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name	
	Designee's telephone number (include area code) () - Designee's fax number (include area code) () -	
Address and ZIP code		Applicant's telephone number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		