

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064164

Entity Name: THE PHOENIX GROUP LLC

FILED
Jul 24, 2007
Secretary of State

Current Principal Place of Business:

4345 SOUTHPOINT BLVD
C/O JAMES A. JACOBS
JACKSONVILLE, FL 32216

Current Mailing Address:

4345 SOUTHPOINT BLVD
C/O JAMES A. JACOBS
JACKSONVILLE, FL 32216

New Principal Place of Business:

4044 GLENHURST DR N
C/O JAMES A. JACOBS
JACKSONVILLE, FL 32224

New Mailing Address:

4044 GLENHURST DR N
C/O JAMES A. JACOBS
JACKSONVILLE, FL 32224

FEI Number: 86-1113222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOBS, JAMES A
4345 SOUTHPOINT BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

JACOBS, JAMES A
4044 GLENHURST DR N
JACKSONVILLE, FL 32224 US

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

07/24/2007

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACOBS, JAMES A
Address: 4345 SOUTHPOINT BLVD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JACOBS, JAMES A
Address: 4044 GLENHURST DR N
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A JACOBS

MGRM

07/24/2007

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