

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000920

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** PHILLIPS EDISON & COMPANY LTD., LLC

**Current Principal Place of Business:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

**New Principal Place of Business:**

**Current Mailing Address:**

11501 NORTHLAKE DRIVE  
CINCINNATI, OH 45249 US

**New Mailing Address:**

**FEI Number:** 31-1669229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PHILLIPS EDISON LIM, TED PARTNERSHI P  
Address: 11501 NORTHLAKE DR  
City-St-Zip: CINCINNATI, OH 45249 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PHILLIPS EDISON LIM, TED PARTNERSHI P  
Address: 11501 NORTHLAKE DRIVE  
City-St-Zip: CINCINNATI, OH 45249 US

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: ANNE MEYER

POA

03/30/2009

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