

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010457

**DOCUMENT # L01000017797**

1. Entity Name  
**PHG - PARK, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR 28 PM 12:47  
HL 3/28

Principal Place of Business      Mailing Address  
**9400 SOUTH DADELAND BLVD., STE. 100  
MIAMI FL 33156**      **9400 SOUTH DADELAND BLVD., STE. 100  
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-1118167**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 WEST FLAGLER ST.  
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>Sde Member PHG GP Holdings, LLC 9400 S. Dadeland Blvd, #100 Miami, FL 33156</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>500005180615--1 -04/01/02--01085--002 *****55.00 *****55.00</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *David O. Deutch*      **DATE:** 3/26/02      **DAYTIME PHONE #:** 605/854-7100

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

CR2E083 (9/01)