

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90132 016 ****50.00

DOCUMENT # M98000001495

1. Entity Name

PHL-GP, LLC

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961571

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o DLJ
Real Estate Capital Partners

Suite, Apt. #, etc.
11 Madison Ave., 16th Floor

City & State
New York, NY

Zip
10010

Country
USA

3. Mailing Address
c/o BetaWest, Ltd.

Suite, Apt. #, etc.
1050 17th St., Suite 1000

City & State
Denver, CO

Zip
80265

Country
USA

4. FEI Number
13-4034172

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Boulevard

Suite 508

City
Miami

FL

Zip Code
33156

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHL-HOLDCO, LLC
11 Madison Ave., 16th Floor
New York, NY 10010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
PHL-SBS, LLC
11 Madison Ave., 16th Floor
New York, NY 10010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
PHL-EXCHANGE, LLC
11 Madison Ave., 16th Floor
New York, NY 10010

TITLE
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CITY-ST-ZIP

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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:

Stephanie T. Lawrence

Stephanie T. Lawrence
Authorized Agent

4/30/02

(303) 893-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)