## 2006 LIMITED LIABILITY COMPANY - ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

## **Secretary of State** 01-30-2006 90179 001 \*\*\*200.00 **DOCUMENT # L02000023024** 1. Entity Name PHILA, L.L.C. Principal Place of Business Mailing Address 2126 OAKWOOD DRIVE 500 VONDERBERG DR 110W BRANDON, FL 33511 VALRICO, FL 33594 01122006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0034603 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GASSMAN, ALAN S DO NOT WRITE 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756 IN THIS SPACE 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE SHIENBAUM, MARVIN F M.D. NAME 2126 OAKWOOD DRIVE STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P 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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** Jan 30, 2006 8:00 am

Daytime Phone #