

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 16, 2007 8:00 am
Secretary of State

03-27-2007 90197 026 ****50.00

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02272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000018176					
1. Entity Name PHJ REAL ESTATE, LLC					
Principal Place of Business % ROSE CEMENT SUPPLY, INC. 10651 W. OKEECHOBEE ROAD HIALEAH, FL 33018			Mailing Address % ROSE CEMENT SUPPLY, INC. 10651 W. OKEECHOBEE ROAD HIALEAH, FL 33018		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-492334	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAISDEN, THERREL P.A. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE, STE. 2950 MIAMI, FL 33131			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JACOBS, HARRY 10651 W. OKEECHOBEE ROAD HIALEAH, FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 trustee empowered to execute this report as required by Chapter 808, Florida Statutes.					
SIGNATURE: <i>Harry Jacobs</i>			Date: 3-05-07 Daytime Phone: 305-823-3380		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					