2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A03000000832 1. Entity Name PH-4 LLLP Principal Place of Business Malling Address 4422 NORTH CHURCH STREET, UNIT H 4422 NORTH CHURCH STREET, UNIT H TAMPA, FL 33614 TAMPA, FL 33614 01102006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1067021 شاهم Not Application \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MANLEY, JAMES F 4422 NORTH CHURCH STREET, UNIT H **TAMPA, FL 33614** IN THIS SPACE 3. 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 title if applicable 100000554917 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 <u>05/16/06-80012-820 5**0**0.**80**</u> A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. DOCHMENT 4 NAME MANLEY, JAMES F STREET ADDRESS 4422 NORTH CHURCH STREET, UNIT H CITY-ST-ZIP TAMPA, FL 33614 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP COCUMENT A NAME DO NOT WRITE STREET ADDRESS CSTY-ST-TIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-EP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SECK

DOCUMENT # NAME STREET AUDRESS CITY-ST-ZOP

SIGNATURE