2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000005670

1. Entity Name
PHILLIPS GROUP OF VOLUSIA COUNTY, L.C.

Principal Place of Business	Mailing Address
834 CARSWELL AVENUE HOLLY HILL, FL 32117	834 CARSWELL AVENUE HOLLY HILL, FL 32117

01302004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3647436
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARKIN, MARSHALL H
149-P SOUTH RIDGEWOOD AVENUE, SUITE 710
DAYTONA BEACH, FL 32114

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000034336
02/05/04-80080-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	PHILLIPS, JAMES E
STREET ADDRESS	834 CARSWELL AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	MEM
NAME	PHILLIPS, JOHN E
STREET ADDRESS	34 BEVERLY ST.
CITY-ST-ZIP	STITTSVILLE,ON K25 1C3 CANAD,
TITLE	MEM
NAME	PHILLIPS, MARY W
STREET ADDRESS	1436 BAHIA AVE.
CITY-ST-ZIP	ORLANDO, FL 328071407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Mary W Phillips 1-29-04 (407) 277-4039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MARY W Phillips