

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000005670

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



Principal Place of Business

834 CARSWELL AVENUE  
HOLLY HILL, FL 32117

Mailing Address

834 CARSWELL AVENUE  
HOLLY HILL, FL 32117



01262005No 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

**DO NOT WRITE  
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
PHILLIPS, JAMES E  
834 CARSWELL AVENUE  
HOLLY HILL, FL 32117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
PHILLIPS, JOHN E  
34 BEVERLY ST.  
STITTSVILLE, ON K25 1C3 CANAD.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
PHILLIPS, MARY W  
1438 BAHIA AVE.  
ORLANDO, FL 328071407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* *Mary W Phillips*

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

1-25-05

Date

(407) 277-4039

Daytime Phone #