

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 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**



01112006No Chg-LLC

CR2E083 (11/05)

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

**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	

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01/18/06-60037-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** *MARY W Phillips*  
*Mary W Phillips, Mbr*

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

*1-10-05* *(407) 277-4039*  
Date Daytime Phone #