


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000005942 1. Entity Name PHILPIT & PHILPIT, L.L.C. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 1399 S.W. 21ST LANE BOCA RATON, FL 33486 | Mailing Address 1399 S.W. 21ST LANE BOCA RATON, FL 33486 |
|--|--|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



03062004 No Chg-LLC CR2E083 (10/03)

| | |
|---|--|
| 4. FEI Number 65-1012936 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent PHILPIT, ROBIN M 1399 S.W. 21ST LANE BOCA RATON, FL 33486 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

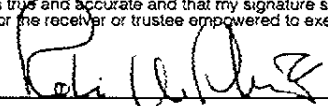
Filing Fee is \$50.00
Due by May 1, 2004

000000091191
03/17/04-80049-020 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PHILPIT, ROBIN M 1399 SW 21 LANE BOCA RATON, FL 33486 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PHILPIT, THOMAS T 1399 SW 21 LANE BOCA RATON, FL 33486 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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)(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:  **3/15/04 561-750-9036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #