


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000005942</b> 1. Entity Name PHILPIT & PHILPIT, L.L.C.	
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Principal Place of Business 1399 S.W. 21ST LANE BOCA RATON, FL 33486	Mailing Address 1399 S.W. 21ST LANE BOCA RATON, FL 33486
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01162005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1012936	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PHILPIT, ROBIN M 1399 S.W. 21ST LANE BOCA RATON, FL 33486
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

000000210666  
02/02/05-80087-016 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	

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.

<b>SIGNATURE:</b> 	Date <u>1/17/05</u>	Daytime Phone # <u>561-78-9036</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		