

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000012068**1. Entity Name
PHOENIX RESOURCES, LLC

Principal Place of Business 3413 W. HAWTHORNE TAMPA 33611	FL	Mailing Address 3413 W. HAWTHORNE TAMPA 33611	FL
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2. Principal Place of Business 2710 HIBISCUS DR. Suite, Apt. #, etc.	3. Mailing Address 2710 HIBISCUS DR. Suite, Apt. #, etc.
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City & State BELLEAIR BEACH FL	City & State BELLEAIR BEACH FL	4. FEI Number 59-3681047	Applied For <input type="checkbox"/> Not Applicable
Zip 33786	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DAVIS SAM 3413 W. HAWTHORNE TAMPA FL 33611		7. Name and Address of New Registered Agent Name DAVIS SAM Street Address (P.O. Box Number is Not Acceptable) 2710 HIBISCUS DR. City BELLEAIR BEACH FL Zip Code 33786	
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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.

SIGNATURE _____ DATE **02/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS SAM 2710 HIBISCUS DR. BELLEAIR BEACH FL 33786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCFERRIN CINDY 2710 HIBISCUS DR. BELLEAIR BEACH FL 33786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cindy McFerrin MGRM 02/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)