


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90193 007 \*\*\*\*55.00

<b>DOCUMENT # L00000012068</b>			
1. Entity Name <b>PHOENIX RESOURCES, LLC</b>			
Principal Place of Business <b>6721 PARK BLVD-OFFICE PINELLAS PARK FL 33781</b>		Mailing Address <b>7100 ULMERTON RD #627 LARGO FL 33771</b>	
2. Principal Place of Business		3. Mailing Address <b>531 BOCA CIEGA PT. SO.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>ST. PETERSBURG, FL</b>	
Zip	Country	Zip	Country
		<b>33708</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, SAM 7100 ULMERTON RD #627 LARGO FL 33771</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>531 BOCA CIEGA PT. SO.</b>  City <b>ST. PETERSBURG</b> FL Zip Code <b>33708</b>	
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 <u><i>Sam Davis</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/10/04</u>			
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2004</b> </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCFERRIN, CINDY 7100 ULMERTON RD #627 LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>531 BOCA CIEGA PT. SO. ST. PETERSBURG, FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, SAM 7100 ULMERTON RD #627 LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>531 BOCA CIEGA PT. SO. ST. PETERSBURG, FL 33708</b>
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:**

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

Date

Daytime Phone #

*Sam Davis* 2/10/04 727-319-6270