


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90036 031 ****50.00

DOCUMENT # L00000012068	
1. Entity Name PHOENIX RESOURCES, LLC	

Principal Place of Business 6721 PARK BLVD-OFFICE PINELLAS PARK, FL 33781	Mailing Address 531 BOCA CIEGA PT. SO SAINT PETERSBURG, FL 33708
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2. Principal Place of Business PO BOX 21653	3. Mailing Address PO BOX 21653
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Saint Petersburg FL	City & State Saint Petersburg FL
Zip 33742	Zip 33742
Country	Country



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3681047		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, SAM 531 BOCA CIEGA PT. S. SAINT PETERSBURG, FL 33708		7. Name and Address of New Registered Agent Name Law Office of Tim Schuler Street Address (P.O. Box Number is Not Acceptable) 9075 Seminole Blvd City Seminole FL Zip Code 33772

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.

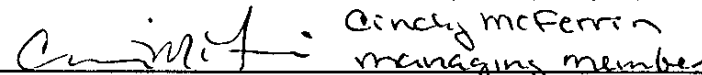
SIGNATURE  DATE **1-8-06**

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCFERRIN, CINDY 531 BOCA CIEGA PT. SO SAINT PETERSBURG, FL 33708 <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
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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:  **Cindy McFerrin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1/9/06** Daytime Phone #