## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # L00000013737 PHIRST, L.L.C. Principal Place of Business Mailing Address 2352 HARN BLVD. PO BOX 4087 CLEARWATER, FL 33746 CLEARWATER, FL 33758-4087 04242006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3693138 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BURNS, ESTELLA** DO NOT WRITE 2352 HARN BLVD. CLEARWATER, FL 33746 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MLE MEM **BURNS, ESTELLA** NAME PO BOX 4087, 2352 HARN BLVD. STREET ADDRESS U00000538716 05/09/06-60072-003 50.00 CITY-ST-ZIP CLEARWATER, FL 337584087 MGRM TILLE NAME BURNS, DOUG STREET ADDRESS P.O. BOX 4087 CITY-ST-ZIP CLEARWATER, FL 33758 MARKET STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE 7171 F NAME STREET ADDRESS CITY - ST - ZIP mr NAME STREET ADDRESS

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:

CITY-ST-ZIP भाग NAME STREET ADDRESS CRY-ST-ZIP

SIGNATURE AND TYPED OR

NTED NAME OF SIG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE