

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L00000013737

1. Entity Name
PHIRST, L.L.C.



Principal Place of Business
2352 HARN BLVD.
CLEARWATER, FL 33746

Mailing Address
PO BOX 4087
CLEARWATER, FL 33758-4087



03102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, ESTELLA
2352 HARN BLVD.
CLEARWATER, FL 33746

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	BURNS, ESTELLA
STREET ADDRESS	PO BOX 4087, 2352 HARN BLVD.
CITY-ST-ZIP	CLEARWATER, FL 337584087

TITLE	MGRM
NAME	BURNS, DOUG
STREET ADDRESS	P.O. BOX 4087
CITY-ST-ZIP	CLEARWATER, FL 33758

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000857243
03/31/08-80006-019 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Doan* *Doug Burns* *3/10/08* *(727) 421-3259*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #