

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90226 015 \*\*\*\*50.00

**DOCUMENT # L01000003540**

1. Entity Name

**PHELAN ENTERPRISES COMMERCIAL, LLC**

Principal Place of Business

**300 WINWOOD DR - 851 E COMMERCIAL BLVD  
 ST. JOSEPH MI 49885  
 OAKLAND PARK, FL  
 33334**

Mailing Address

**300 WINWOOD DR.  
 ST. JOSEPH MI 49885 SAME**

046186

2. Principal Place of Business

3. Mailing Address

**851 E COMMERCIAL BLVD**

**851 E COMMERCIAL BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**OAKLAND PARK, FL**

City & State

**OAKLAND PARK, FL**

4. FEI Number

**58-2633119**

Applied For

Not Applicable

Zip

**33334**

Country

**US**

Zip

**33334**

Country

**US**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
 350 EAST LAS OLAS BOULEVARD, SUITE 1600  
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MEMBER	PATRICK D. & A CHRISTINE PHELAN	1665 WINTER BERRY LN	WESTON, FL 33327	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER	MARTIN P. & JUKI A. PHELAN	1475 BANYAN WAY	WESTON, FL 33327	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER	JEFFREY V. & LEANNE M. PHELAN	6879 CROWD MEADOW DR.	PORTAGE, MI 49024	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER	GREGORY M. PHELAN	41049 BOUGIANVILLA DR	FT LAUDERDALE, FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**REQUIRED**

1/22/02 (954) 928-1330

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

Date

Daytime Phone #

CR2E083 (9/01)