

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006221

FILED  
Jun 10, 2009  
Secretary of State

**Entity Name:** PHOENIX PROPERTIES, LLC

**Current Principal Place of Business:**

3221 OLEANDER WAY  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

3221 OLEANDER WAY  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 65-1098752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARSH, FLOYD  
3221 OLEANDER WAY  
POMPANO BEACH, FL 33062      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MARSH, FLOYD  
Address: 3221 OLEANDERWAY  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR      ( ) Delete  
Name: MARSH, JEANNE  
Address: 3221 OLEANER WAY  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FLOYD MARSH

MGRM

06/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date