2002	2 UNIFORM BUS	INESS REP	ORT	(UBR)	<u> </u>				
DOCUMENT # L01000010216 1. Entity Name					•	10	3/28	(
PHG - LANDINGS, LLC				5	FIL	ED	1/00	>	
	PHG-TRACE,	UC		עום	SECRETARY ISI ON O F CO	OF STATE DRPORATIONS	,		
Principal Place of Business		Mailing Address			54 IO. EE				
9400 SOUTH DADELAND BLVD. SUITE 100 MIAMI FL 33156		9400 SOUTH DADELAND BLVD. U.Z. PSF SUITE 100 MIAMI FL 33156			MAR 28	PM 12: 55	F BIN SRIG I N A N	. 66 11 6 11 88 1 11	218 S ill 18 2 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI N	lumber 65-1118	3167		plied For t Applicable	
Zip	Country	Zip	Cour	ntry		ficate of Status Desired	L F	5.00 Add se Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name	and Address of New Re	gistered Ag	ent	
	DONOUGH, BRIAN J			Street Address (P.O. Box Number is Not Acceptable)					
SUI	0 SOUTH DADELAND BLVD. TE 100								
MIA	MI FL 33156		<u> </u>		FL Zip Code				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirements of the control of					.00	2000052 -04/15/	0ATE 2591 02010	62- 0110	 3 04
		Due By May 1, 2002				*****55.80 *****55.00			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB	ERS/MANAGERS Delete		E EET ADDRESS	Sde Me PHG G 9400 F	ADDITIONS/O Ember P Holdings, L Dodeland Emu a 3 3		Change	Addition
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11. I hereby of indicated limited lial	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	n this filing does not qualify I that my signature shall ha e empowered to execute t	for the exe the same his report as	emption stated e legal effect a s required by (in Section 119.0 is if made under Chapter 608, Flo	07(3)(i), Florida Statutes. I roath; that I am a managi rida Statutes.	further certifying member	that the in or manage	formation r of the

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylims Pri