


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

04-16-2004 90418 031 ****50.00

DOCUMENT # L01000012119	
1. Entity Name DR. PHILLIPS STORAGE, L.L.C.	

Principal Place of Business 10407 ROCKET BLVD. ORLANDO, FL 32824	Mailing Address 10407 ROCKET BLVD. ORLANDO, FL 32824
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03112004 Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent MCLANE, JOHN L JR 10407 ROCKET BLVD. ORLANDO, FL 32824		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM W.J. ENTERPRISES, A FL GENERAL PARTNERSHIP 10407 ROCKET BLVD. ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: _____ **4/15/04** **407-859-6770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

34009109

#L010000/21119

Dr. Phillips STORAGE LLC

10407 Rocket Blvd; Orlando, FL, 32824

Ph: (407) 859-6770 Fax: (407) 854-7922

Division Of Corporation

P. O. Box 6478

Tallahassee, FL, 32314

CERIFIED MAIL-RETURN RECEIPT

Subject: Annual Report

Missing Information

June 30, 2004

Ladies/Gentlemen:

Confirming our conversation, this company is LLC and does not require Federal ID. So, accordingly per your instruction, we checked off the box as not applicable and resubmitting you for your file. Please disregard your notice of 60 days to dissolve.

Thanks.

Sincerely,



Bip Shah

Attachment 34009109
L010000121119
000003531

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

INVOICE NUMBER

START DATE

1-16-04
JAN 21 2004

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: DR. PHILLIPS STORAGE, L.L.C.

EIN or SS#: C 452078231

Address: 10407 ROCKET BLVD.

ORLANDO, FL 32824

Amount: 100.00

Date Paid: 11/26/03 0

Reason for Claim: OVERPAYMENT ON REINSTATEMENT WITHOUT PENALTY FOR

BK

DR. PHILLIPS STORAGE, L.L.C. (L010000121119).

Certified true and correct this 15th day of December 2003

Signature



Ann M. Howard
Commission # CC 953690
Expires Aug. 22, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Amount of recommended refund \$ 100.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on

State Treasurer's Receipt No. 01014.004 dated 11/26/03

NAME OF ACCOUNT: 45101000132453001000001000000

Statutory Authority for Collection 608.432 608.452

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 451010001324530010000022002000

Certified true and correct this 29 day of December 2003

Department of State, Division of Corporations
(Agency)

Karon Beyer
(Authorized Agency Signature and Title) REAU CHIEF

RECEIVED