

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013153

FILED
Apr 06, 2005
Secretary of State

Entity Name: PH CAPITAL VENTURES, LLC

Current Principal Place of Business:

THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

C/O ERNEST L MASCARA, PA
475 CENTRAL AVENUE, SUITE M8
ST. PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L MASCARA, PA
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

FEI Number: 59-3736623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 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: ERNEST L. MASCARA

04/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HANCE, PATRICK
Address: 175 BROADACRE
City-St-Zip: CLAWSON, MI 48017 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK HANCE

MGRM

04/06/2005

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