2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

DOCUMENT# L01000018087

Entity Name: PHIFER CONCEPTS LLC

Current Principal Place of Business:

4100 NORTH OCEAN DRIVE, SUITE 404D
SINGER ISLAND, FL 33404

New Principal Place of Business:

133 SE ASHLEY OAKS WAY
STUART, FL 34997

Current Mailing Address:

4100 NORTH OCEAN DRIVE, SUITE 404D
SINGER ISLAND, FL 33404

New Mailing Address:

133 SE ASHLEY OAKS WAY
STUART, FL 34997

FEI Number: 65-1152246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHIFER, ERIC
4100 NORTH OCEAN DRIVE, SUITE 404D
SINGER ISLAND, FL 33404

Name and Address of New Registered Agent:

PHIFER, ERIC C
133 SE ASHLEY OAKS WAY
STUART, FL 34997

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: ERIC CARL PHIFER 04/19/2002
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: PHIFER, ERIC C
Address: 133 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Change (X) Addition
Name: PHIFER, LYSSA M
Address: 133 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

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: ERIC CARL PHIFER MGRM 04/19/2002
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date