## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 14, 2005 08:00 AM Secretary of State

	ANNUAL REPORT	· <u>*</u>	Apr 14, 2005 08:00
1. Entity Nar	MENT # L01000019058 PHEUM GROUP, LLC		Secretary of Stat
2180 PARK	AVENUE NORTH, SUITE 100  RK, FL 32789  Mailing Address  2180 PARK AVENUE NORT WINTER PARK, FL 32789	TH, SUITE 100	 
C	OO NOT WRITE IN THIS SP	ACE	01042005 No Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For 20-1131535 Not Applicable  5. Certificate of Status Desired S5.00 Additional
	5. Name and Address of Current Registered Agent		Fee Required
GOLDSMITH, KAREN L 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK, FL 32789			DO NOT WRITE IN THIS SPACE
8. The above the obliga	named entity submits this statement for the purpose of changing its regitions of registered agent.	istered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		pistered Agent signature required	d when remaiating) DATE
Filing Fee Is \$50.00 Due by May 1, 2005			U00000305753 _04/14/05-80097-009 50.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MGR GROUT, JONATHAN S 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK, FL 32789 MGR GOLDSMITH, KAREN L 2180 PARK AVENUE NORTH, SUITE 100 WINTER PARK, FL 32789		
NAME STREET ADDRESS GLY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  11.   hereby c	ertify that the information supplied with this filling does not qualify for the	exemption stated in Ser	ction 119.07(3)(i), Florida Statutes, I further certify that the information
11. I hereby of Indicated limited lial	certify that the information supplied with this filling does not qualify for the on this report is true and accurate and that my signature shall have the s polity company or the receiver or trustee empowered to execute this repo	exemption stated in Set same legal effect as if m in as required by Chapt	ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a managing member or manager of the left of the latest statutes.

ldanto

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: