


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002198 1. Entity Name PHOENIX PLACE, LLC	
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Principal Place of Business 400 WEST ATLANTIC AVE. 2ND FLOOR DELRAY BEACH, FL 33444	Mailing Address 400 WEST ATLANTIC AVE. 2ND FLOOR DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



03042004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0558049	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEATHERSPOON, JIMMY 130 NW 8TH AVE. DELRAY BEACH, FL 33444	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

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

U000000081931
03/09/04-80007-014 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEATHERSPOON, JIMMY 130 NW 8TH AVE. DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDERS, WILLIAM 400 WEST ATLANTIC AVE. 2ND FLOOR DELRAY BEACH, FL 33444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: *William Sanders* **William Sanders** **3/4/04** **561-266-9840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #