

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000008262

1. Entity Name  
PH BALANCED INVESTMENTS, LLC



Principal Place of Business  
2455 EAST SUNRISE BOULEVARD  
INTERNATIONAL BUILDING, PENTHOUSE WEST  
FORT LAUDERDALE, FL 33304

Mailing Address  
2455 EAST SUNRISE BOULEVARD  
INTERNATIONAL BUILDING, PENTHOUSE WEST  
FORT LAUDERDALE, FL 33304

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**



04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
46-0475748

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MCGEE, C. EDWARD JR, ESQ  
MCGEE & HUSKEY, P.A.  
2455 EAST SUNRISE BLVD., INT'L BLDG PH W  
FORT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HEILMAN, PETE
STREET ADDRESS	2153 GRAVEL HILL STREET, E105
CITY-ST-ZIP	LAS VEGAS, NV 89117

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000157772  
05/06/04-80041-014 50.00

**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:

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

Date

Daytime Phone #

May 5, 2004 954-563-8200