

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

3/2

03-27-2003 90012 031 *****50.00

DOCUMENT # L02000008262

1. Entity Name

PH BALANCED INVESTMENTS, LLC



Principal Place of Business

Mailing Address

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

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

55054759



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

46-0475748

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEILMAN, PETE 2153 GRAVEL HILL STREET, E105 LAS VEGAS NV 89117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-25-03

Date

(954) 563-8200

Daytime Phone #

CP2E083 (10/02)

Attachment

55054759

McGee & Huskey P.A.

#L02000008262

August 20, 2003

Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32314

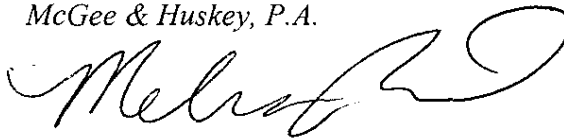
RE: L02000008262

Dear Sir or Madam:

Enclosed please find the corrected 2003 Limited Liability Company Uniform Business Report with regard to the above referenced document number. The only correction being the inclusion at number 4 of the FEI number.

Respectfully,

McGee & Huskey, P.A.



for C. Edward McGee, Jr., Esq.
For the firm

**Signed in Mr. McGee's
absence to avoid delay.**

Enclosure

CEM/mb

8/20/03

41101.2

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