

**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

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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**

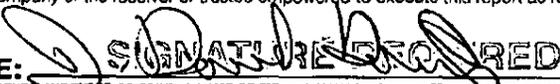
9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 REQUIRED**      Date **3-25-03**      (954) 563-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)

Attachment

55054759

McGee & Huskey P.A.

#L02000008262

August 20, 2003

Division of Corporations  
Post Office Box 6478  
Tallahassee, Florida 32314

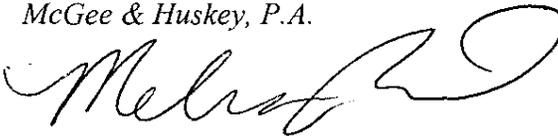
RE: L02000008262

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

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