

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011097

FILED
Mar 02, 2005
Secretary of State

Entity Name: THE PHILARD BUILDING, LLC

Current Principal Place of Business:

5630 PARK BLVD STE.C
PINELLAS PARK, FL 33781

New Principal Place of Business:

5630 PARK BLVD
SUITE C
PINELLAS PARK, FL 33781

Current Mailing Address:

5630 PARK BLVD STE.C
PINELLAS PARK, FL 33781

New Mailing Address:

5630 PARK BLVD
SUITE C
PINELLAS PARK, FL 33781

FEI Number: 02-0656501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, RICK P
5630 PARK BLVD STE.C
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

FRANKLIN, RICHARD P
5630 PARK BLVD
SUITE C
PINELLAS PARK, FL 33781 US

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.

SIGNATURE: RICHARD P. FRANKLIN

03/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FRANKLIN, RICHARD P
Address: 5630 PARK BLVD STE.C
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM () Delete
Name: HADDAD, PHILLIP
Address: 5630 PARK BLVD STE.C
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD P. FRANKLIN

MGRM

03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date