2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017072

1. Entity Name
PHG-PLACE, LLC

Principal Place of Business
9400 SOUTH DADELAND BOULEVARD STE. 100
MIAMI, FL 33156

Mailing Address
9400 SOUTH DADELAND BOULEVARD STE. 100
MIAMI, FL 33156

01272005No Chg-LLC CR2E083 (10/03)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET 2200 MUSEUM TOWER
MIAMI, FL 33130

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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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000216823
02/05/05-80057-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PHG GP HOLDINGS, LLC
STREET ADDRESS	9400 S DADELAND BLVD 100
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	DEUTCH, DAVID O
STREET ADDRESS	9400 S DADELAND BLVD 100
CITY-ST-ZIP	MIAMI, FL 33156
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	

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.

X **SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #