2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018868

1. Entity Name
PHILLY IN MIAMI, LLC



Principal Place of Business

1059 COLLINS AVE., #204 MIAMI BEACH, FL 33139 Mailing Address

1059 COLLINS AVE., #204 MIAMI BEACH, FL 33139

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90063 001 ***138.75 04-29-2008 90063 002 ****88.75



04062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For	
20-0363272	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

NEELY, DAMOND D 1059 COLLINS AVE., #204 MIAMI BEACH, FL 33139

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chang ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florid	da. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Dr.			DATE
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		_
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEELY, DAMOND 125 COLLINS AVE 204 MIAMI BEACH, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WI	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	ACE
TITLE NAME — STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature should be supported to execute the support of the receiver or trustee empowered to execute the support of the	qualify for the exemptions contained in Chapter 119, Florida Statutes. I f all have the same legal effect as if made under oath; that I am a mana substhis report as required by Chapter 608, Florida Statutes.	urther certify that the information iging member or manager of the