2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000033889

1. Entity Name
PHP 2, LLC

Principal Place of Business	Mailing Address
11880 28TH ST. N ST. PETERSBURG, FL 33716	11880 28TH ST. N ST. PETERSBURG, FL 33716

DO NOT WRITE IN THIS SPACE

02012007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 38-3667692		Applied For
		Not Applicable
5. Certificate of Status Desired ☐	$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL I
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602

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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, 2007

900103452149
05/30/07--01004--001   **950.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LITTLE, ANTHONY A MGR
STREET ADDRESS	11880 28TH ST. N
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Karen Larson_   4/25/07

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