

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

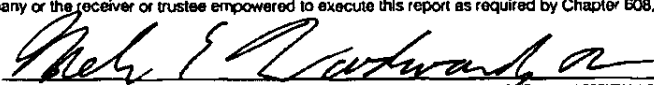
FILED
Jun 28, 2004 8:00 am
Secretary of State

04-26-2004 90038 018 *****50.00

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04132004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000001452																											
1. Entity Name PHI, L.L.C.																											
Principal Place of Business 46 THIRD STREET NW HICKORY, NC 28601		Mailing Address 46 THIRD STREET NW HICKORY, NC 28601																									
2. Principal Place of Business 6767 86 th Ave North Suite, Apt. #, etc.		3. Mailing Address PO. Box 3343 Suite, Apt. #, etc.																									
City & State Pander Park, FL Zip 33780 Country USA		City & State HICKORY NC Zip 28603 Country USA																									
4. FEI Number 81-0617071		Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																											
6. Name and Address of Current Registered Agent MCKIBBEN, R. BRUCE JR 1435 E. PIEDMONT DR., STE. 214 TALLAHASSEE, FL 32308		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 renewing) DATE _____																											
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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: 		4/13/04 (888) 381-4903																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											