

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001452

1. Entity Name
PHI, L.L.C.



Principal Place of Business
6767 86 AVE NORTH
PINELLAS PARK, FL 33780

Mailing Address
P.O. BOX 3343
TAMPA, FL 33603

DO NOT WRITE IN THIS SPACE



07082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
81-0617271

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOMINION MANAGEMENT GROUP, LLC
STREET ADDRESS	P.O. BOX 3343
CITY-ST-ZIP	HICKORY, NC 28603

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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07/18/05-80014-003 55.00

**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.

SIGNATURE:

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

7/8/05
Date

828-381-4922
Daytime Phone #