2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State
02-17-2004 90193 006 ****55.00

MOORE CR2E083 (11/03)

DOCUMENT # L03000005994

1. Entity Name
PHOENIX TRIANGLE, LLC

Principal Place of Business	Mailing Address
~~7100 ULMERTON RD~~	~~7100 ULMERTON RD~~
~~627~~	~~627~~
~~LARGO FL 33771~~	~~LARGO FL 33771~~

2. Principal Place of Business	3. Mailing Address
10075 GANDY BLVD.	531 BOCA CIEGA PT. SO.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: ~~FL~~ 33702 Country:	Zip: 33708 Country:

4. FEI Number: 82-0587041 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, SAM	Name
~~7100 ULMERTON RD~~	Street Address (P.O. Box Number is Not Acceptable): 531 BOCA CIEGA PT. SO.
~~627~~	
~~LARGO FL 33771~~	City: ST. PETERSBURG FL Zip Code: 33708

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: Sam Davis DATE: 2/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVIS, SAM		NAME		
STREET ADDRESS	7100 ULMERTON ROAD, #627		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MCFERRIN, CINDY		NAME		
STREET ADDRESS	~~7100 ULMERTON ROAD, #627~~		STREET ADDRESS	531 BOCA CIEGA PT. SO.	
CITY-ST-ZIP	~~LARGO FL 33771~~		CITY-ST-ZIP	ST. PETERSBURG, FL 33708	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Sam Davis 2/10/04 727-317-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #