

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jan 24, 2005  
Secretary of State**

DOCUMENT# L03000008506

Entity Name: PHOENIX CONNEXION, LLC

**Current Principal Place of Business:**

267 AUTUMN RIDGE ROAD  
ENTERPRISE, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

267 AUTUMN RIDGE ROAD  
ENTERPRISE, FL 32725

**New Mailing Address:**

FEI Number: 59-4208877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAHAM, BILLY  
267 AUTUMN RIDGE ROAD  
ENTERPRISE, FL 32725      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GRAHAM, BILLY  
Address: 267 AUTUMN RIDGE RD  
City-St-Zip: ENTERPRISE, FL 32725

Title: MGRM ( ) Delete  
Name: ROBINETT, SHANE  
Address: 267 AUTUMN RIDGE RD  
City-St-Zip: ENTERPRISE, FL 32725

Title: MGRM ( ) Delete  
Name: SACK, STEVE  
Address: 267 AUTUMN RIDGE RD  
City-St-Zip: ENTERPRISE, FL 32725

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: MITCHELL, LISA  
Address: 267 AUTUMN RIDGE RD  
City-St-Zip: ENTERPRISE, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BILLY GRAHAM

MGR

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date