

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90037 013 ****50.00

DOCUMENT # L03000013663					
1. Entity Name PHILLIPSMATHIS, LLC					
Principal Place of Business PHILLIPSMATHIS, LLC 201 WEST FLAGLER STREET MIAMI, FL 33130			Mailing Address PHILLIPSMATHIS, LLC 201 WEST FLAGLER STREET MIAMI, FL 33130		
2. Principal Place of Business 4801 S University Drive		3. Mailing Address Same			
Suite, Apt. #, etc. 102		Suite, Apt. #, etc.			
City & State Davie, FL		City & State		4. FEI Number APPLIED FOR 20-1158418	
Zip 33328		Country USA		Zip 33328	
6. Name and Address of Current Registered Agent MATHIS, REGINALD A 201 WEST FLAGLER STREET MIAMI, FL 33130		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 4801 S University Drive, Ste 102 City: Davie FL Zip Code: 33328			
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 reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME LAW OFFICES OF TAMI A. PHILLIPS STREET ADDRESS 1900 WEST COMMERCIAL BOULEVARD SUITE 146 CITY-ST-ZIP FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete		TITLE Managing Member NAME Law Office of Tami A. Phillips, P.A. STREET ADDRESS 4801 S University Drive, Ste 102 CITY-ST-ZIP Davie, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME REGINALD A. MATHIS, LLC STREET ADDRESS 201 WEST FLAGLER STREET CITY-ST-ZIP MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE MGR NAME Reginald A. Mathis, LLC STREET ADDRESS 4801 S University Drive, Ste 102 CITY-ST-ZIP Davie, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Tami A. Phillips</i>			Date: 4/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					