


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90448 028 ****50.00

DOCUMENT # L03000014100 1. Entity Name PHILLIPS FIVE LLC					
Principal Place of Business 133 CAMERON DR. WESTON, FL 33326			Mailing Address 133 CAMERON DR. WESTON, FL 33326		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent COHN, ALAN B 2021 TYLER ST. HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-0997366	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing).</small>				Applied For <input type="checkbox"/> Not Applicable	
Filing Fee is \$50.00 Due by May 1, 2004				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Make check payable to Florida Department of State				9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES			
MGRM PHILLIPS, KATHLEEN B 133 CAMERON DR. WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
MGRM PHILLIPS, LARRY W 133 CAMERON DR. WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <u>Kathleen Phillips</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>4/16/04</u> Daytime Phone #: <u>954 572 8305</u>	