2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

DOCUMENT # L03000019911 1. Entity Name PHILLIPS PLACE, LLC							02-02-2004 9	00208 01	6 ****50.	00
Principal Place of Business 105 BARBOURVILLE DRIVE TALLAHASSE, FL 32301				Mailing Address 105 BARBOURVILLE DRIVE TALLAHASSE, FL 32301				::!:		
2. Principal Place of Business		3. Mailing Address P.O. BOX 7	3. Mailing Address P.O. BOX 7404							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01272004	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State TALLAHASSE	City & State TALLAHASSEE, FL 32314		4. FEI Number	37115		⊢	pplied For of Applicable
Zip		Country	Zip 32314-7404	Countr	У		of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Cur	rent Registered Agent	- 1		7. Name and	Address of New F	registered.	Agent	
					Name					
WICKER, JANISE E 105 BARBOURVILLE DRIVE TALLAHASSE, FL 32301				Street Address		ss (P.O. Box Numbe	r is Not Acceptable	e)		
	302,12				City				Zip Cod	Δ
				1				FL	•	
	named entity ions of regist		ent for the purpose of changing its	registered	d office or regis	stered agent, or both	n, in the State of Fk	orida. I am	familiar with,	and accept
ii.										
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if applicable. (NOTE	E: Registered	Agent signature requ	uired when reinstating)		DATE		
, Fi	Signature, typed illing Fee i	s \$50.00	agent and title if applicable. (NOT	E. Registered	Agent signature requ	uired when reinstating)		(e check p	ayable to ent of Stat	
, Fi	ling Fee i	s \$50.00 / 1, 2004	agent and title if applicable. (NOTE	E. Registered	Agent signature requ	vired when reinstating)		ce check p a Departm	ent of Stat	
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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 AND PURPOUR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #