

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026185

FILED
Apr 29, 2004
Secretary of State

Entity Name: PHYTRUST OF FLORIDA, LLC

Current Principal Place of Business:

13680 N.W. 5TH ST., STE. 100
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13680 N.W. 5TH ST., STE. 100
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 56-2384404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
350 EAST LAS OLAS BLVD., STE. 1600
FORT LAUDERDALE, FL 33301 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: () Delete
Name:
Address:
City-St-Zip:

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

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

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

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JACKSON, KATHY B
Address: 13680 NW 5TH ST, SUITE 100
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Change (X) Addition
Name: IKPE, NSIDIBE
Address: 13680 NW 5TH ST, SUITE 100
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Change (X) Addition
Name: BROOKINS, JAMES
Address: 13680 NW 5TH ST, SUITE 100
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Change (X) Addition
Name: CAIN, ROGRS
Address: 13680 NW 5TH ST, SUITE 100
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Change (X) Addition
Name: MOISE, RUDOLPH
Address: 13680 NW 5TH ST, SUITE 100
City-St-Zip: SUNRISE, FL 33325

Title: MGRM () Change (X) Addition
Name: ADAMS, NELSON
Address: 13680 NW 5TH ST, SUITE 100
City-St-Zip: SUNRISE, FL 33325

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: KATHY JACKSON

MGRM

04/29/2004

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