


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90155 049 \*\*\*\*55.00

<b>DOCUMENT # L03000030526</b>		
1. Entity Name <b>PHEPHIPHOPHUM VENTURES, LLC</b>		

Principal Place of Business <b>5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839 US</b>	Mailing Address <b>5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839 US</b>
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14064706



2. Principal Place of Business <b>3208-C East Colonial Drive Suite, Apt. #, etc. # 324</b>	3. Mailing Address <b>4332 Ashland City Hwy Suite, Apt. #, etc.</b>
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07012004 Chg-LLC CR2E083 (10/03)

City & State <b>Orlando FL</b>	City & State <b>Nashville TN</b>
Zip <b>32803</b>	Zip <b>37218</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>86-1077427</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BURDOUCCI, CIEMBRELLI 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <i>Ciembrelli Burdoucci</i>	DATE <b>7/1/04</b>
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(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>
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<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CEO BURDOUCCI, ROMELLO 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP BYRD, WILLIE M 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP BURDOUCCI, CIEMBRELLI 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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>Willie Mae Byrd</i>	DATE: <b>7/5/04</b>	DAYTIME PHONE: <b>615-782-0122</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE