


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030526	
1. Entity Name PHEPHIPHOPHUM VENTURES, LLC	

Principal Place of Business 3208 - C EAST COLONIAL DR #324 ORLANDO, FL 32803 US	Mailing Address 4332 ASHLAND CITY HWY NASHVILLE, TN 37218 US
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 86-1077427	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURDOUCCI, CIEMBRELLI
5269 WELLINGTON PARK CIRCLE
SUITE B-24
ORLANDO, FL 32839

**DO NOT WRITE
IN THIS SPACE**

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 Ciembrelli Burducci 1/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BURDOUCCI, ROMELLO 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BYRD, WILLIE M 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURDOUCCI, CIEMBRELLI 5269 WELLINGTON PARK CIRCLE SUITE B-24 ORLANDO, FL 32839
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UD0000178998
01/12/05-80051-022 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Willie Mae Byrd 1/8/05 615-782-0122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #