


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90128 039 \*\*\*138.75

<b>DOCUMENT # L03000030769</b> 1. Entity Name <b>PHILLIPS DEVELOPMENT &amp; REALTY, LLC</b>																													
Principal Place of Business <b>1510 W CLEVELAND STREET</b> <b>TAMPA, FL 33606</b>			Mailing Address <b>1510 W CLEVELAND STREET</b> <b>TAMPA, FL 33606</b>																										
2. Principal Place of Business - No P.O. Box # <b>142 W Platt Street</b>		3. Mailing Address <b>PO Box 458</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>61-1459157</b>																									
Zip <b>33606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>DONNA J. FELDMAN, P.A.</b> <b>19321-C U.S. HIGHWAY 19 NORTH</b> <b>SUITE 103</b> <b>CLEARWATER, FL 33764</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																											
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																										
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>PHILLIPS, DONALD E</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1510 W CLEVELAND STREET</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>TAMPA, FL 33606</b></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>142 W Platt Street</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Tampa FL 33606</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	<b>PHILLIPS, DONALD E</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1510 W CLEVELAND STREET</b>		CITY - ST - ZIP	<b>TAMPA, FL 33606</b>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>142 W Platt Street</b>		STREET ADDRESS	<b>Tampa FL 33606</b>		CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/28/08 813-868-3100**