


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035425 1. Entity Name PHD TECHNOLOGIES, LLC	
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Principal Place of Business 3316 STAGECOACH TRAIL WIMAUMA, FL 33598	Mailing Address 3316 STAGECOACH TRAIL WIMAUMA, FL 33598
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1187037	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BERNING, JONNE L 3316 STAGCOACH TR. WIMAUMA, FL 33598	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNING, JONNE L 3316 STAGECOACH TRAIL WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULVEY, THOMAS K 3316 STAGECOACH TRAIL WIMAUMA, FL 33598
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04/11/05-80110-004 50.00

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: Jonne L Berning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/18/05 813 215-7959

Date Daytime Phone #