

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045450

Entity Name: PHILLIP A ALLEN LLC

FILED  
Mar 09, 2005  
Secretary of State

**Current Principal Place of Business:**

2246 LAKE POINTE CIRCLE  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

2246 LAKE POINTE CIRCLE  
LEESBURG, FL 34748 US

**New Mailing Address:**

FEI Number: 20-0449628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACTIVE FILINGS, LLC  
10651 NE 11TH COURT  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

ALLEN, THERESA M  
2246 LAKE POINTE CIR  
LEESBURG, FL 34748 US

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: THERESA M ALLEN

03/09/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALLEN, PHILLIP  
Address: 512 BETSY ROSS TER  
City-St-Zip: ORLANDO, FL 32809

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALLEN, PHILLIP  
Address: 512 BETSY ROSS TER  
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM ( ) Change (X) Addition  
Name: ALLEN, THERESA  
Address: 2246 LAKE POINTE CIR  
City-St-Zip: LEESBURG, FL 34748 US

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: PHILLIP ALLEN

MGRM

03/09/2005

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