

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90030 007 \*\*\*\*50.00

|   |  |         |   |  |  |
|---|--|---------|---|--|--|
| <b>DOCUMENT # L04000009399</b><br>1. Entity Name<br><b>PHOENIX ASSETS, LLC</b>  |  |         |   |  |  |
| Principal Place of Business<br><b>10315 44TH AVE W. 39 5TH ST<br/>BRADENTON, FL 34210</b>   |  |         | Mailing Address<br><b>10315 44TH AVE W. 39 5TH ST<br/>BRADENTON, FL 34210</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                     |  |  |
| City & State  |  |         | City & State  |  |  |
| Zip   |  | Country |   | Zip  |  |
| Country   |  | Country |   | 03142005 Chg-LLC CR2E083 (10/03)   |  |
| 4. FEI Number<br><b>04-3784316</b>  |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |   | <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHOFIELD, P. ALLEN ESQ<br/>1429 60TH AVENUE WEST STE. 300<br/>BRADENTON, FL 34207</b>  |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |  |         |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |         | <b>Make check payable to<br/>Florida Department of State</b>                  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |         | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRESIDENT<br/>MICHAEL P. DEIGMAN<br/>10315 44TH AVE W 39TH ST<br/>BRADENTON, FL 34210</b> <input type="checkbox"/> Delete     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SECRETARY/TREASURER<br/>TERENCE O. SEXTON<br/>15 HAYMOWEN RD<br/>MANHATTANVILLE, NY 12962</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |         |   |  |  |
| <b>SIGNATURE:</b>   |  |         | <b>TERENCE O. SEXTON</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |         | Date <b>4/15/05</b> Daytime Phone # <b>941-795-8437</b>                       |  |  |