


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90036 020 ****50.00

DOCUMENT # L04000009399	
1. Entity Name PHOENIX ASSETS, LLC	

Principal Place of Business 10315 44TH AVE W. 39 5TH ST BRADENTON, FL 34210	Mailing Address 10315 44TH AVE W. 39 5TH ST BRADENTON, FL 34210
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20046346

2. Principal Place of Business 2370 SOFIA LN.	3. Mailing Address 2370 SOFIA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PUNTA GORDA, FL	City & State PUNTA GORDA, FL
Zip 33983	Country CHARLOTTE
Zip 33983	Country CHARLOTTE

05052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3784316	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 SCHOFIELD, P. ALLEN ESQ 1429 60TH AVENUE WEST STE. 300 BRADENTON, FL 34207	
7. Name and Address of New Registered Agent Name MICHAEL DEIGNAN Street Address (P.O. Box Number is Not Acceptable) 2370 SOFIA LN. City PUNTA GORDA FL Zip Code 33983	

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 Michael Deignan <small>Signature, typed or printed name of registered agent and his/her applicable.</small>	MICHAEL DEIGNAN PRES. 5/5/2006 <small>(NOTE: Registered Agent signature required when reinstating.) DATE</small>

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEIGNAN, MICHAEL P 10315 44TH AVENUE WEST 39TH STREET BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEIGNAN, MICHAEL P. 2370 SOFIA LN PUNTA GORDA, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEXTON, TERRANCE D 15 HAYMEADOW ROAD MORRISONVILLE, NY 12962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: Michael Deignan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	5-5-2006 941-766-8437 <small>Date Daytime Phone #</small>