



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000010229</b> 1. Entity Name <b>MASSEY PHILLIPS INVESTMENTS1 LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 MAY -3 AM 9:19</b>	
Principal Place of Business <b>301-B 10TH. AVE N. #6 JACKSONVILLE BEACH, FL 32250</b>				Mailing Address <b>PO BOX 49190 JACKSONVILLE BEACH, FL 32240</b>			
2. Principal Place of Business <b>1639 BEACH BV</b>		3. Mailing Address <b>1639 BEACH BV</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>JACKSONVILLE BEACH, FL</b>		City & State <b>JACKSONVILLE BEACH, FL</b>					
Zip <b>32250</b>		Country <b>USA</b>		Zip <b>32250</b>		Country <b>USA</b>	
6.-Name and Address of Current Registered Agent  <b>MASSEY, KENNETH A 301-B 10TH AVE N. #6 JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent Name <b>KENNETH A MASSEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1639 BEACH BV</b> City <b>JACKSONVILLE BEACH</b> <b>FL</b> Zip Code <b>32250</b>			
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>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
MEMBER <b>BRIAN PHILLIPS 1639 BEACH BV JACKSONVILLE BEACH, FL 32250</b>				MEMBER <b>KENNETH A MASSEY 1639 BEACH BV JACKSONVILLE BEACH, FL 32250</b>			
300053587153 05/03/05--01009--005 **300.00				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____							