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Roberson & Friedman PA


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### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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# FILED Sep 07, 2005 8:00 am Secretary of State

08-31-2005 90065 037 \*\*\*\*50.00

<b>DOCUMENT # L04000013562</b>			
1. Entity Name <b>PHILFIN COMPANY, LLC</b>			
Principal Place of Business <b>307 EAST SEVENTH STREET TALLAHASSEE, FL 32303</b>		Mailing Address <b>307 EAST SEVENTH STREET TALLAHASSEE, FL 32303</b>	
2. Principal Place of Business <b>FINN'S RESTAURANT</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>200 GUNN ST</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>ST GEORGE ISLAND, FL</b>		4. FEI Number <b>51-0501851</b>	
Zip <b>32328</b>		Country <b>FRANKIN</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SMITH, FINCHER W 307 EAST SEVENTH STREET TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Money 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	<b>MGRM SMITH, FINCHER W 307 EAST SEVENTH STREET TALLAHASSEE, FL 32303</b> <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
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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 trustee or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u><i>Phil Bridges</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			