

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90076 035 ****50.00

DOCUMENT # L04000017051

1. Entity Name
PHILLIPS & SEARS INVESTMENT, LLC



Principal Place of Business
2098 CRYSTAL DRIVE
UNIT 23
FORT MYERS, FL 33907 US

Mailing Address
2098 CRYSTAL DRIVE
UNIT 23
FORT MYERS, FL 33907 US

20041316

2. Principal Place of Business

3. Mailing Address

16131 Bentwood Palms DR. 16131 Bentwood Palms DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Ft. Myers, Fla.

Ft. Myers, Fla.

4. FEI Number
20-0833983

Applied For

Not Applicable

Zip
33908

Country
Lee

Zip
33908

Country
Lee

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADDISON, MICHAEL C
400 N. TAMPA ST.
SUITE 1100
TAMPA, FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PHILLIPS, JAMES W
STREET ADDRESS 1818 N. E. 2ND STREET
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE MGR ☒ Change ☐ Addition
NAME Phillips, James W
STREET ADDRESS 16131 Bentwood Palms DR.
CITY-ST-ZIP Ft. Myers, Fla. 33908

TITLE MGR ☐ Delete
NAME Phillips, James W
STREET ADDRESS 16131 Bentwood Palms DR.
CITY-ST-ZIP Ft. Myers, Fla. 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James W. Phillips*

4-24-06 (239) 931-3168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #