

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90020 049 ****50.00

DOCUMENT # L04000018382					
1. Entity Name PHAB, LLC				Principal Place of Business 2522 MAYWOOD ST. EUSTIS, FL 32726	
Mailing Address 2175 PATE RD. JULIETTE, GA 31046				2. Principal Place of Business - No P.O. Box # 3030 E SEMORAN BLVD Suite, Apt. #, etc. STE 252	
3. Mailing Address Suite, Apt. #, etc.				4. FEI Number 20-0752826	
City & State APOPKA FL				Applied For <input type="checkbox"/> Not Applicable	
Zip 32703		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BADLEY, MARK 2522 MAYWOOD ST. EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name <u>HOLLY DYER</u> Street Address (P.O. Box Number is Not Acceptable) <u>1266 ADIRONDACK COURT</u> City <u>APOPKA</u> FL <u>32712</u>	
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 <u>Holly Dyer</u> <u>Holly Dyer - manager</u> <u>7/2/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BADLEY, MARK 2522 MAYWOOD ST. EUSTIS, FL 32726	<input checked="" 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	MGRM BADLEY, ABIGAIL 2522 MAYWOOD ST. EUSTIS, FL 32726	<input checked="" 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	MGRM WALLACE, HOWARD 2175 PATE RD. JULIETTE, GA 31046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>JULIETTE, GA 31046</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, PAULA 2175 PATE RD. JULIETTE, GA 31046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>JULIETTE, GA 31046</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, PAULA 2175 PATE RD. JULIETTE, GA 31046	<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 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: <u>Paula M Wallace</u> <u>PAULA M WALLACE</u> <u>MANAGING MEMBER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7/2/2007</u> Daytime Phone # <u>478-405-8686</u>		