


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90044 015 \*\*\*\*50.00

|   |                                      |  |  |   |  |
|---|--------------------------------------|--|--|---|--|
| <b>DOCUMENT # L04000020139</b><br>1. Entity Name<br><b>CARL R. PHAIR, LLC</b>   |                                      |  |  |  |  |
| Principal Place of Business<br><b>4329 APPLCREST DR<br/>PALM BEACH GARDENS, FL 33410</b>  |                                      |  | Mailing Address<br><b>4329 APPLCREST DR<br/>PALM BEACH GARDENS, FL 33410</b>   |   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                                      | City & State   |  |   |  |
| Zip   | Country                              | Zip  | Country  |   |  |
| 4. FEI Number<br><b>#20-0879147</b>   |                                      |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                      |  |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |                                      |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>PHAIR, CARL R<br/>4329 APPLCREST DR<br/>PALM BEACH GARDENS, FL 33410</b>   |                                      |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                      |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                      | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                      |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE   | MGRM <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | PHAIR, CARL R                        |  | NAME   |   |  |
| STREET ADDRESS  | 4329 APPLCREST DR                    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | PALM BEACH GARDENS, FL 33410         |  | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |  | NAME   |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |  | NAME   |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |  | NAME   |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                      |  | NAME   |   |  |
| STREET ADDRESS  |                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                      |  | CITY-ST-ZIP  |   |  |
| 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: <u>Carl R. Phair</u> - CARL R. PHAIR</b> <b>25 FEB 05</b> <b>561-307-5240</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>  |                                      |  |  |   |  |