

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028700

Entity Name: PHOENIX HOMES & DESIGN LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1821 COMMODORE POINT DRIVE
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8778
FLEMING ISLAND, FL 32006

New Mailing Address:

FEI Number: 20-1007767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLINE, LESLIE S
1821 COMMODORE POINT DR.
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

GILCHRIST, LESLIE B
1821 COMMODORE POINT DR.
ORANGE PARK, FL 32003 US

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.

SIGNATURE: LESLIE BOLINE GILCHRIST

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BOLINE, LESLIE S
Address: 1821 COMMODORE POINT DR.
City-St-Zip: ORANGE PARK, FL 32003

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GILCHRIST, LESLIE B
Address: 1821 COMMODORE POINT DR.
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Change (X) Addition
Name: GILCHRIST, STEPHEN A
Address: 1821 COMMODORE POINT DRIVE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LESLIE BOLINE GILCHRIST

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date