


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90012 007 ****50.00

| | |
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| DOCUMENT # L04000031764 |  |
| 1. Entity Name PRIVATE HOME MANAGEMENT SERVICES, LLC | |

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|---|---|
| Principal Place of Business 7720 SW 79 COURT MIAMI FL 33143 | Mailing Address 7720 SW 79 COURT MIAMI FL 33143 |
|---|---|

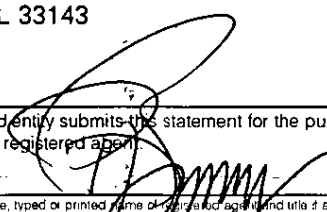


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|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

2nd MOORE CR2E083 (5/05)

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| 6. Name and Address of Current Registered Agent POSSCHELLE, COLLEEN P 7720 SW 79 CT MIAMI FL 33143 | |
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| 7. Name and Address of New Registered Agent Name P. TRISTAN BOURGOIGNIE, 287 Street Address (P.O. Box Number is Not Acceptable) 1200 AVASTA AVE #410 City CORAL GABLES FL Zip Code 33143 | |
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| 8. The above named entity submits the 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  | DATE 8/24/05 |

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| <p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005</p> | |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BOURGOIGNIE, HELENE F 7230 SW 64TH COURT MIAMI FL 33143 <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 | MGRM POSSCHELLE, COLLEEN P 7720 SW 79TH COURT MIAMI FL 33143 <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 19.07(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. | |
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| SIGNATURE:  | DATE: 8-24-05 |
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