

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2006 08:00 A
Secretary of State

DOCUMENT # L04000032359

1. Entity Name
RISING PHOENIX LLC



Principal Place of Business

**4417 SAGO CIRCLE
WESTON, FL 33331**

Mailing Address

**4417 SAGO CIRCLE
WESTON, FL 33331**



05072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0524912

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EIREA, MARIA E
4417 SAGO CIRCLE
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EIREA, MARIA E 4417 SAGO CIRCLE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, LENA T 14901 SW 31 COURT DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, ANDY J 14901 SW 31 COURT DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EIREA, ADOLFO 4417 SAGO CIRCLE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/22/06-80004-003 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

5/1/06 305-
596-8989