


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90115 028 \*\*\*\*50.00

<b>DOCUMENT # L04000037332</b>	
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1. Entity Name  
PH I & II LLC

Principal Place of Business  
3399 PGA BOULEVARD  
SUITE 450  
PALM BEACH GARDENS, FL 33410

Mailing Address  
3399 PGA BOULEVARD  
SUITE 450  
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4801 PGA Blvd  
Palm Beach Gardens, FL 33418

4801 PGA Blvd  
Palm Beach Gardens, FL 33418

01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
35-2176206

Applied For  
Not Applicable

Zip 33418

Country USA

Zip 33418

Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, PETER D  
3399 PGA BOULEVARD  
SUITE 450  
PALM BEACH GARDENS, FL 33410

Name

4801 PGA Blvd  
Palm Beach Gardens, FL 33418

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  PETER D. CUMMINGS

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-07

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME CUMMINGS, PETER D  
STREET ADDRESS 3399 PGA BOULEVARD, SUITE 450  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 4801 PGA Blvd  
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE MGR ☐ Delete  
NAME CUMMINGS, JAMES B  
STREET ADDRESS 41 WEST PUTNAM AVENUE  
CITY-ST-ZIP GREENWICH, CT 06830

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

PETER D. CUMMINGS

Date

4-19-07

Daytime Phone #

561-630-6110