

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90028 029 ****50.00

DOCUMENT # L04000058265 1. Entity Name PHOENIX CONSULTING & DESIGN, LLC			
Principal Place of Business 4415 FL NATIONAL DRIVE 314 LAKELAND, FL 33813		Mailing Address 4415 FL NATIONAL DRIVE 314 LAKELAND, FL 33813	
2. Principal Place of Business 6427 S. County Line Rd. Suite, Apt. #, etc.		3. Mailing Address 6427 S. County Line Rd. Suite, Apt. #, etc.	
City & State Plant City, FL Zip 33567		City & State Plant City, FL Zip 33567	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THORPE, JOHN H 4415 FL NATIONAL DRIVE LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name John Thorpe Street Address (P.O. Box Number is Not Acceptable) 6427 S. County Line Rd. City Plant City FL Zip Code 33567	
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 _____		DATE 3-8-06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORPE, JOHN H 4415 FL NATIONAL DRIVE #214 LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Thorpe 6427 S. County Line Rd. Plant City, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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
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
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: _____		DATE 3/8/06	