

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072905

Entity Name: PHOENIX MARKETING, LLC

FILED  
Jan 10, 2005  
Secretary of State

**Current Principal Place of Business:**

17333 S.E. 85TH WILLOWICK CIRCLE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

17333 S.E. 85TH WILLOWICK CIRCLE  
THE VILLAGES, FL 32162 US

**Current Mailing Address:**

17333 S.E. 85TH WILLOWICK CIRCLE  
THE VILLAGES, FL 32162

**New Mailing Address:**

17333 S.E. 85TH WILLOWICK CIRCLE  
THE VILLAGES, FL 32162 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLALOCK, RICHARD W  
17333 S.E. 85TH WILLOWICK CIRCLE  
THE VILLAGES, FL 32162 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BLALOCK, RICHARD W  
Address: 17333 S.E. 85TH WILLOWICK CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BLALOCK, RICHARD W  
Address: 17333 S.E. 85TH WILLOWICK CIRCLE  
City-St-Zip: THE VILLAGES, FL 32162 US

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: RICHARD W BLALOCK                      MGR                      01/10/2005

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