

2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # L04000080225** 04-11-2005 90045 015 ****50.00 PHOENIX INVESTMENT HOLDINGS, LLC Principal Place of Business Mailing Address 4323 SPRING LANE **4323 SPRING LANE** 20028486 LAKELAND, FL 33811 LAKELAND, FL 33811 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Cha-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For (20 - 183679C) Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EAGER, DUDLEY Street Address (P.O. Box Number is Not Acceptable) **4323 SPRING LANE** LAKELAND, FL 33811 Zip Code FL 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 4/6/05 SIGNAT Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE Delete TITLE ☐ Change EAGER, DUDLEY NAME STREET ADDRESS 4323 SPRING LANE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition EAGER, CHRISTOPHER NAME NAME STREET ADDRESS 6620 SHEPHERD OAKS PASS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-7IP Delete ☐ Change ☐ Addition TTILE TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-7IP C(1Y-\$1-Z)P ☐ Delete TITLE Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change Addition ПΒЕ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 11. Thereby certify that the information supplied with this filling does not qualify 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 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. 6/05 SIGNATURE

FILED