

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90022 021 ****50.00

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1. Entity Name

PHOENIX INVESTMENT HOLDINGS, LLC



Principal Place of Business

6225 ALAMANDA HILLS BLVD.
LAKELAND FL 33813
US

Mailing Address

6225 ALAMANDA HILLS BLVD.
LAKELAND FL 33813
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

20-1836790

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EAGER, DUDLEY
4323 SPRING LANE
LAKELAND FL 33811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME EAGER, DUDLEY
STREET ADDRESS 4323 SPRING LANE
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☒ Change ☐ Addition
NAME 6225 Alamanda Hills Blvd
STREET ADDRESS Lakeland, Fla 33813
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME EAGER, CHRISTOPHER
STREET ADDRESS 6620 SHEPHERD OAKS PASS
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☒ Change ☐ Addition
NAME 3936 Sunnywood Cr.
STREET ADDRESS Lakeland, Fla 33813
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Section 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

4/18/06
Date

863-709-1145
Daytime Phone #