

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90032 005 \*\*\*\*50.00

**DOCUMENT # L04000091038**

1. Entity Name  
**PHI PROPERTIES, LLC**



Principal Place of Business  
**P. O. BOX 244046  
BOYNTON BEACH, FL 33424**

Mailing Address  
**P. O. BOX 244046  
BOYNTON BEACH, FL 33424**

**20042663**



2. Principal Place of Business  
**139 Executive Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**139 Executive Circle**  
Suite, Apt. #, etc.

02022006 Chg-LLC CR2E083 (11/05)

City & State  
**Boynton Beach FL**  
Zip  
**33436**  
Country  
**Palm Beach**

City & State  
**Boynton Beach, FL**  
Zip  
**33436**  
Country  
**Palm Beach**

4. FEI Number  
**20-2090782**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PALMER FINANCIAL CONSULTING, INC.  
11051 BAYBREEZE WAY  
BOCA RATON, FL 33488**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DOUGHERTY, KIRK CEO  
P. O. BOX 244046  
BOYNTON BEACH, FL 33424** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DOUGHERTY, JENNIFER PRES  
P. O. BOX 244046  
BOYNTON BEACH, FL 33424** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**139 Executive Circle  
Boynton Beach, FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**139 Executive Circle  
Boynton Beach, FL 33436**

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**4/27/06** **(561) 271-1738**  
Date Daytime Phone #