

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90058 034 ****50.00

DOCUMENT # L04000092779

1. Entity Name
PHILLIPS PROPERTIES AND INVESTMENTS LLC



Principal Place of Business
5540 WELLER AVENUE
JACKSONVILLE, FL 32211 US

Mailing Address
PO BOX 977
CHIPLEY, FL 32428 US

2. Principal Place of Business - No P.O. Box #

935 JOSEPH DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01032007 Chg-LLC CR2E083 (12/06)

City & State CHIPLEY FL

City & State

4. FEI Number
61-1481544

Applied For
Not Applicable

Zip 32428 **Country** WASHINGTON

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

PHILLIPS, JAMES J
935 JOSEPH DRIVE
CHIPLEY, FL 32428

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PHILLIPS, JAMES J
STREET ADDRESS P.O. BOX 977
CITY-ST-ZIP CHIPLEY, FL 32428

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

TITLE MGRM ☐ Delete
NAME PHILLIPS, JUDY M
STREET ADDRESS P.O. BOX 977
CITY-ST-ZIP CHIPLEY, FL 32428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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: *James J. Phillips*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/07 *850 638-0560*
Date Daytime Phone #