


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90129 009 \*\*\*143.75

<b>DOCUMENT # L05000002482</b> 1. Entity Name <b>PHITEX MANAGEMENT, LLC</b>	
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Principal Place of Business <b>96 WILLARD STREET SUITE 101 COCOA, FL 32922</b>	Mailing Address <b>96 WILLARD STREET SUITE 101 COCOA, FL 32922</b>
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**DO NOT WRITE IN THIS SPACE**

01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-2139175</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**DICKINSON, DAVID L  
96 WILLARD STREET  
SUITE 101  
COCOA, FL 32922**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, DAVID L 96 WILLARD STREET, SUITE 101 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINS, BARRY 96 WILLARD STREET, SUITE 101 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CREASEY, DAVID 96 WILLARD STREET, SUITE 101 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RUSSELL 96 WILLARD STREET, SUITE 101 COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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  **DAVID L. DICKINSON** 4/4/08 3216390771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_