

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007390

Entity Name: PHJ, LLC

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

1200 MALABAR ROAD, SE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1200 MALABAR ROAD, SE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 20-2224836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU, JOHN L
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926 US

Name and Address of New Registered Agent:

GANDHI, HEMANT
1200 MALABAR RD SE
3
PALM BAY, FL 32907 US

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.

SIGNATURE: HEMANT GANDHI

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GANDHI, PANKAJ
Address: 1200 MALABAR ROAD, SE
City-St-Zip: PALM BAY, FL 32907

Title: MGRM () Delete
Name: GANDHI, HEMANT
Address: 1200 MALABAR ROAD, SE
City-St-Zip: PALM BAY, FL 32907

Title: MGRM () Delete
Name: PATEL, JAGDISHCHANDRA
Address: 1200 MALABAR ROAD, SE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HEMANT GANDHI

MGRM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date