

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000015540**

1. Entity Name  
**PHOENIX PLAZA, LLC**



**FILED**  
**Aug 21, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

**2902 W US HWY 90  
LAKE CITY, FL 32055**

Mailing Address

**P.O. BOX 2187  
LAKE CITY, FL 32056**



05072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUPREE, JOSEPH L JR.  
2902 W US HWY 90  
LAKE CITY, FL 32055**

**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

*Joseph L. Dupree*

(NOTE: Registered Agent signature required when reinstating)

*8-18-08*

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**U000000958118  
08/21/08-80004-012 138.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DUPREE, JOSEPH L JR  
2902 W US HWY 90  
LAKE CITY, FL 32056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
A & B MANAGEMENT, L.L.C.  
3624 NW BROWN ROAD  
LAKE CITY, FL 32055**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joseph L. Dupree*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*8-18-08*

Date

*(386) 438-5958*

Daytime Phone #