2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017101

City-St-Zip:

Entity Name: PHOENIX ASSET MANAGEMENT, LLC

FILED May 01, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
611 S. FOF #105	RT HARRISON AVENUE	
	ATER, FL 33756 US	
Current M	ailing Address:	New Mailing Address:
611 S. FOF #105	RT HARRISON AVENUE	
– –	ATER, FL 33756 US	
	: 04-3806898 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability compa	FEI Number Not Applicable () Certificate of Status Desired ()
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
611 S.FT. I 105	., ROBERT S MGR HARRISON AVE ATER, FL 33756 US	MITCHELL, ROBERT S V.P. 611 S.FT. HARRISON AVE 105 CLEARWATER, FL 33756 US
The above		pose of changing its registered office or registered agent, or bo
SIGNATURE: ROBERT MITCHELL		05/01/2008
	Electronic Signature of Registered Agent	Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	MGRM () Delete MITCHELL, ROBERT SHASTRI 611 S. FORT HARRISON AVENUE #105 CLEARWATER, FL 33756 US	Title: V.P. (X) Change () Addition Name: MITCHELL, ROBERT Address: 611 S. FORT HARRISON AVENUE #105 City-St-Zip: CLEARWATER, FL 33756 US
Title: Name: Address: City-St-Zip:	MGRM () Delete MITCHELL, INGRID S 611 S.FT. HARRISON AVE 105 CLEARWATER, FL 33756	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	() Delete	Title: MGRM () Change (X) Addition Name: WINSON, NEILA Address: 611 S.FT.HARRISON AVE 105 City-St-Zip: CLEARWATER, FL 33756
Title: Name: Address: City-St-Zip:	()Delete	Title: MGRM () Change (X) Addition Name: KHAN, PATRICIA Address: 611 S.FT.HARRISON AVE 105 City-St-Zip: CLEARWATER, FL 33756
Title: Name: Address:	() Delete	Title: MGRM () Change (X) Addition Name: MITCHELL, ANGANEE Address: 611 S FT HARRISON AVE 105

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: CLEARWATER, FL 33770

SIGNATURE: ROBERT MITCHELL V.P. 05/01/2008