2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026103

1. Entity Name PH2004, LLC



Principal Place of Business

575 2ND AVENUE SOUTH

SUITE 211

ST. PETERSBURG, FL 33701

Mailing Address

575 2ND AVENUE SOUTH

SUITE 211

ST. PETERSBURG, FL 33701

US

FILED Mar 27, 2007 08:00 A Secretary of State



01042007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | Applied For | |
|----------------------------------|-----------------------------------|--|
| 41-2171906 | Not Applicable | |
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

FORD, HARVEY A 575 2ND AVE S #201 SAINT PETERSBURG, FL 33701 DO NOT WRITE IN THIS SPACE

| SAINT PE | TERSBURG, FL 33701 | INTHIS | SPACE |
|--|---|--|--|
| | named entity submits this statement for the purpose of char tions of registered agent. | nging its registered office or registered agent, or both, in the Sta | ate of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and little if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Fi | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | ************************************* | with a Carlot a March of the Carlot |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | MGRM TRIANN HOLDINGS, LLC 575 2ND AVENUE SOUTH, SUITE 211 ST. PETERSBURG, FL 33701 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 04 | . U000000680847 /04/07-80020-006; 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

11. I hereby certify that the information supplied with this filling 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 hability company or the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

27-07

127-997-915

Oaytime Phone