

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027032

**FILED**  
**Mar 17, 2006**  
**Secretary of State**

**Entity Name:** PHICO OF SOUTHWEST FLORIDA LLC

**Current Principal Place of Business:**

334 8TH AVE. SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

6489 HIGHCROFT DRIVE  
NAPLES, FL 34119

**Current Mailing Address:**

334 8TH AVE. SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

6489 HIGHCROFT DRIVE  
NAPLES, FL 34119

**FEI Number:** 20-2532299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TIMOTHY J. COTTER, PA  
599 9TH STREET NORTH  
313  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

PHILLIPS, DALE W MR.  
6489 HIGHCROFT DRIVE  
NAPLES, FL 34119 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: DALE W. PHILLIPS

03/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PHILLIPS, DALE W  
Address: 334 8TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PHILLIPS, DALE W  
Address: 6489 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119

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: DALE W. PHILLIPS

MGRM

03/17/2006

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