

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032816

Entity Name: FLORIDA CITY PHOENIX LLC

FILED
May 04, 2007
Secretary of State

Current Principal Place of Business:

254 WEST PALM DRIVE
PO BOX # 3082
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

726 WEST PALM DRIVE
APT 806
FLORIDA CITY, FL 33034 US

Current Mailing Address:

254 WEST PALM DRIVE
PO BOX # 3082
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: 04-3811192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOO, MICHAEL
254 WEST PALM DRIVE
PO BOX 3082
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

HOO, MICHAEL
726 WEST PALM DRIVE
APT # 806
FLORIDA CITY, FL 33034 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:

05/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOO, MICHAEL
Address: 254 WEST PALM DRIVE
City-St-Zip: FLORIDA CITY, FL 33034 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOO, MICHAEL
Address: 726 WEST PALM DRIVE APT#806
City-St-Zip: FLORIDA CITY, FL 33034 US

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.

SIGNATURE: MICHAEL HOO

MGR

05/04/2007

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