## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 08, 2006 8:00 am Secretary of State

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Principal Place of Business  Mailing Address  13619 SE 87 CIRCLE  SUMMERFIELD, FL 34491  Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O2012006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-LLC CR2E083 (11/05)	
02012008 Chg-LLC CR2E083 (11/05)	
	od For opticable
Zip Country Zip Country 5. Certificate of Status Desired 55.0D Addition Fee Required	
Name and Address of Current Registered Agent     Name and Address of New Registered Agent     Name	
PURITZ, DAVID A 13619 SE 87 CIRCLE SUMMERFIELD, FL 34491  Street Address (P.O. Box Number is Not Acceptable)	
City FI Zip Code	
B. 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 the obligations of registered agent.	eccept
SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when rensisting). DATE	_
Filling Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	
TITLE MGR Delate TITLE DELATE CHange CAME  NAME PURITZ, DAVID A  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	] Addition
TITLE MGRM Detele TITLE Change	Addition
TITLE TITLE TITLE TITLE Change Change  NAME  STREET ADDRESS  CITY-S1-ZIP  CITY-S1-ZIP	Addition
TITLE Change Cha	Addition
TITLE   Delete   TITLE   Change   NAME STREET ADDRESS CITY-ST-ZIP   CITY-ST-ZIP	Addition
TITLE	Addition
11. Thereby 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	tion the
SIGNATURE: David Florth SIGNATURE AND TYPED OF PRINTED HAME OF SIGNAND MANAGER, OR AUTHORIZED REPRESENTATIVE Date Design Proper 8	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

PHYLDAY CO LLC P.O.BOX 223592 HOLLYWOOD, FL 33022-3592

Subject: PHYLDAY CO LLC

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

.0500005215

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION