2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 04, 2006
Secretary of State

DOCUMENT# L05000058446

Entity Name: PHIL AM PARTNERS LLC

Current Principal Place of Business:

800 SW 191 TERRACE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

800 SW 191 TERRACE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

8252 NW 44 STREET
CORAL SPRING, FL 33065 US

FEI Number: 20-2991453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANORIAS, EDUARDO
8252 NW 44 STREET
CORAL SPRING, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CHAI ( ) Delete
Name: REYES, NELSON
Address: 800 SW 191 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGRM ( ) Delete
Name: REYES, EVELYN
Address: 800 SW 191 TER
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SEC ( ) Delete
Name: LANORIAS, EDUARDO
Address: 8252 NW 44TH STREET
City-St-Zip: CORAL SPRING, FL 33065 US

Title: MGRM ( ) Delete
Name: ROSS, ELENITA
Address: 5987 NW 73 CT
City-St-Zip: PARKLAND, FL 33067 US

Title: TREA ( ) Delete
Name: LABRADA, VIDAL
Address: 5987 NW 73 CT
City-St-Zip: PARKLAND, FL 33067 US

Title: MGRM ( ) Delete
Name: PASCUA, ARLENE
Address: 15852 SW 24 ST
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MANCAO, CEZAR
Address: 15956 SW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDUARDO LANORIAS SEC 11/04/2006

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