

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058446

FILED  
Apr 22, 2007  
Secretary of State

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:**

8252 NW 44 STREET  
CORAL SPRING, FL 33065 US

**New Mailing Address:**

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: MANCAO, CEZAR  
Address: 15956 SW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 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: ( ) 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:

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: LANORIAS, EDUARDO

SEC

04/22/2007

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