

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-09-2007 90135 017 ****50.00

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DOCUMENT # L05000098340		
1. Entity Name PHR HOME SERVICES LLC		

Principal Place of Business 2831 NE 36TH ST. FORT LAUDERDALE, FL 33308 US	Mailing Address 2831 NE 36TH ST. FORT LAUDERDALE, FL 33308 US
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2. Principal Place of Business - No P.O. Box # 4321 NE 21 Ave Suite, Apt. #, etc. #5 City & State Fort Lauderdale, FL Zip 33308 Country USA	3. Mailing Address 4321 NE 21 Ave Suite, Apt. #, etc. #5 City & State Fort Lauderdale, FL Zip 33308 Country USA
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6. Name and Address of Current Registered Agent ROBERTS, PATRICK H 2831 NE 36TH ST. FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 accept the obligations of registered agent.

SIGNATURE: DATE: 3-6-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, PATRICK H 2831 NE 36TH ST. FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. 4321 NE 21 Ave #5 Fort. Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE: 4-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE