


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L05000098340

1. Entity Name
PHR HOME SERVICES LLC



Principal Place of Business Mailing Address
 2831 NE 36TH ST. 2831 NE 36TH ST.
 FORT LAUDERDALE, FL 33308 US FORT LAUDERDALE, FL 33308 US

30005382



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4321 NE 21 Ave **4321 NE 21 Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#5 **#5**

City & State City & State
Fort Lauderdale, FL **Fort Lauderdale, FL**

Zip Country Zip Country
33308 **USA** **33308** **USA**

03022007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
56-2546358 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____

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**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

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 Date Daytime Phone #