

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111043

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: PHALANX INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

853 SW 142ND PLACE  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

853 SW 142ND PLACE  
MIAMI, FL 33184 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, YANELYS  
853 SW 142ND PL  
MIAMI, FL 33184 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: MGRM (X) Delete  
Name: GONZALEZ, ALAIN  
Address: 853 SW 142ND PL  
City-St-Zip: MIAMI, FL 33184 US

Title: MGRM ( ) Delete  
Name: GONZALEZ, YANELYS  
Address: 853 SW 142ND PL  
City-St-Zip: MIAMI, FL 33184 US

Title: MGRM ( ) Delete  
Name: GONZALEZ, ISOLINA  
Address: 853 SW 142ND PL  
City-St-Zip: MIAMI, FL 33184 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:

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: YANELYS GONZALEZ

MGRM

04/26/2006

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