


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2007 90365 041 \*\*\*\*50.00

<b>DOCUMENT # L05000120526</b>	
1. Entity Name PH INVESTORS FLORIDA LLC	

Principal Place of Business 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS, FL 33410	Mailing Address 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS, FL 33410
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60038310



2. Principal Place of Business - No P.O. Box # 4801 PGA Blvd Palm Beach Gardens, FL 33418	3. Mailing Address 4801 PGA Blvd Palm Beach Gardens, FL 33418
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01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3967799	Applied For Not Applicable
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Zip 33418 Country USA	Zip 33418 Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CUMMINGS, KEITH L 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name 4801 PGA Blvd Palm Beach Gardens, FL 33418 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 <i>KEITH L. CUMMINGS, MGR</i>	DATE 4/18/07

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	MGR CUMMINGS, KEITH L 3399 PGA BLVD SUITE 450, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4801 PGA Blvd Palm Beach Gardens, FL 33418 <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
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
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
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
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

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.	
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SIGNATURE: <i>KEITH L. CUMMINGS</i> MGR	DATE 4/18/07	DAYTIME PHONE # 561-630-6110
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