## 2006 LIMITED LIABILITY COMPANY

## May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L05000123332 03-03-2006 90003 036 \*\*\*\*50.00 1. Entity Name PHAZON MANAGEMENT GROUP LLC Principal Place of Business Mailing Address 30006808 407 LINCOLN RD., STE 2A 407 LINCOLN RD., STE 2A MIAMI BCH, FL 33139 MIAMI BCH, FL 33139 2. Principal Place of Business 3. Mailing Address 30 NE 11th Street 30 NE 11th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Miami, <u>Miami</u> .20-4060078 Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 33132 33132 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven R. Kozlowski Street Address (P.O. Box Number is Not Acceptable) STRATTON, DOUGLAS D 407 LINCOLN RD., STE 2A Kozlowski Law Firm, P.A. MIAMI BCH, FL 33139 927 Lincoln Rd. City Zip Code B3139 Beach Miami 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 obligation Presiden. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE MGR George Smith TITLE Delete Change ■ Addition SMITH, GEORGE F NAME 30 NĚ 11th Street STREET ADDRESS 407 LINCOLN RD., STE 2A STREET ADDRESS Miami, FL 33132 CITY-ST-ZIP MIAMI BCH, FL 33139 CITY-ST-78P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 



ATTACHMENT 3000 6808

Meint Cora i key West

April 28, 2006

Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

Re: Players of Miami, LLC

Phazon Management Group, LLC

Dear Sir:

Enclosed please find the annual reports for Players of Miami, LLC and Phazon Management Group, LLC together with a check for \$100.00 for the filing costs.

Please feel free to call this office if you have any questions or concerns.

very truly yours,

Steven Robert Kozlowski Kozlowski Law Firm, P.A.