

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123538

FILED
Apr 09, 2007
Secretary of State

Entity Name: PHILLIPS PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

13287 SW 124 STREET
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13287 SW 124 STREET
MIAMI, FL 33186 US

New Mailing Address:

13297 SW 124 STREET
MIAMI, FL 33186 US

FEI Number: 20-4022589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, JOHN S
13287 SW 124 STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

PHILLIPS, JOHN S
13297 SW 124 STREET
MIAMI, FL 33186 US

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:

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHILLIPS, JOHN S
Address: 13287 SW 124 STREET
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM () Delete
Name: PHILLIPS, GAIL M
Address: 13287 SW 124 STREET
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILLIPS, JOHN S
Address: 13297 SW 124 STREET
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM (X) Change () Addition
Name: PHILLIPS, GAIL M
Address: 13297 SW 124 STREET
City-St-Zip: MIAMI, FL 33186 US

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: JOHN S. PHILLIPS

MGR

04/09/2007

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