


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90042 036 ****50.00

DOCUMENT # L06000001576	
1. Entity Name PHOENIX REALTY HOLDINGS, LLC	

Principal Place of Business 5170 COTE DU RHONE WAY SARASOTA, FL 34238 US	Mailing Address 5170 COTE DU RHONE WAY SARASOTA, FL 34238 US
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2. Principal Place of Business - No P.O. Box # 4545 MARIOTTI COURT	3. Mailing Address 4545 MARIOTTI COURT
Suite, Apt. #, etc. UNIT C	Suite, Apt. #, etc. UNIT C
City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34233	Country USA



07062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4077367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FINDLAY, STEPHEN W 2937 BEE RIDGE ROAD SUITE 8 SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name FINDLAY, STEPHEN W. Street Address (P.O. Box Number is Not Acceptable) 4545 MARIOTTI COURT UNIT C City SARASOTA FL Zip Code 34233
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by September 14, 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	MGRM PHOENIX MEDICAL CONSTRUCTION CO., INC. 681 CHESTNUT STREET UNION, NJ 07083 <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: THOMAS F. SHORTELL THOMAS F. SHORTELL, C.F.O. (908)
PHOENIX MEDICAL CONSTRUCTION CO. INC. 7/12/07 687-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #