

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 JUN -4 P 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000008004</b> 1. Entity Name PHP 6, LLC					
Principal Place of Business <b>11880 28<sup>th</sup> Street North</b> <b>St. Petersburg, FL 33716</b>			Mailing Address <b>11880 28<sup>th</sup> Street North</b> <b>St. Petersburg, FL 33716</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOROWITZ, MITCHELL I 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	<i>MGR</i> <i>Anthony A. Little</i> <i>11880 28th St N.</i> <i>St. Petersburg, FL 33716</i>			<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Karen Larson</i>				Date <i>4/25/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					