

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014169

Entity Name: PH 4104, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

100 N BISCAYNE BLVD  
STE 500  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

100 N BISCAYNE BLVD  
STE 500  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JADE ASSOCIATES  
100 N BISCAYNE BLVD  
STE 500  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BIBAS, MARINE  
Address: 100 N BISCAYNE BLVD., STE 500  
City-St-Zip: MIAMI, FL 33132

Title: MGRM ( ) Delete  
Name: BIBAS, KARINE  
Address: 4775 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: C.L.V., SOCIETE PAR ACTIONS SIMPLIFLEE  
Address: 8 RUE MARYSE HASTLE  
City-St-Zip: LYON, FR 69008

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KARINE BIBAS

MGRM

04/30/2009

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