## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056956

1. Entity Name PH DETAIL, LLC



## FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90376 029 \*\*\*\*50.00

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Principal Place of Business			Malling Address							
3800 GALT OCEAN DRIVE			P.O. BOX 480018							
407			FORT LAUDERDALE, F	L 33348	3 US					
FORT LAUDE	RDALE, FL	33308 US					N 66110 6111 68111 6611 681		51110 (SIB) BING SI	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			<u>-                                      </u>		H 1111 1111		
A. A			3800 GALT OCEAN ORIVE			<u></u>				
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 407			04172007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				·		· · · · · · ·	
Only & State			FT. LAUDERDALE FL			4. FEI Numb	81765		<u>_</u>	oplied For
Zip Country					itn.	20-7	01765			ot Applicable
2.p Country				" క	5. Certificate of Status Desired   \$5.00 Additional Fee Required					
	6. Name	and Address of Current F				7. Name and	d Address of New F	Registered		-
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LANDIS, E	AVID J									
3800 GAL		DRIVE .	Street Address			ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
407					ļ		<del></del>			
FORT LAUDERDALE, FL 33308										
		•	City					F	Zip Cod	0
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 obligat	tions of regist	ered agent.	the purpose of changing its	s register	ed office or reg	istered agent, or bo	xn, in the State of PR	onda. ran	ı ramınar witn,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
<del></del>			<u> </u>							
Filing Fee is \$50.00							Mak	e check	payable to	
Due by May 1, 2007							Florida Department of State			
y.		MANAGING MEMBER	10/IVIAINAGENO	<b>9</b> 10.			ADDITIONS	CHANGE	5	
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11. Thereby certify that the information supplied with this hing does not qualify for the exemptions contained in chapter (19, morea statutes.) 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 it 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: Wanty handis DAVID J. LANOIS April 17 2007 954565 4065