

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069896

Entity Name: LMG PHOENIX, LLC

FILED  
Jan 28, 2009  
Secretary of State

**Current Principal Place of Business:**

2350 INVESTORS ROW  
ORLANDO, FL 32837 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 770429  
ORLANDO, FL 328770429 US

**New Mailing Address:**

FEI Number: 26-2688809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALPER, HARVEY M  
516 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 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: MGMR ( ) Delete  
Name: LMG HOLDINGS, INC.,  
Address: 2350 INVESTORS ROW  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: CFO ( ) Change (X) Addition  
Name: PERRY, RICK A  
Address: 2350 INVESTORS ROW  
City-St-Zip: ORLANDO, FL 32837

Title: COO ( ) Change (X) Addition  
Name: JOHN, DAVID M  
Address: 2350 INVESTORS ROW  
City-St-Zip: ORLANDO, FL 32837

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: RICK A PERRY

CFO

01/28/2009

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