
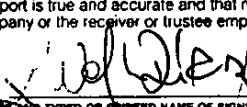


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

6 Jul 15, 2008 8:00 am
Secretary of State

06-19-2008 90089 017 ***138.75

DOCUMENT # L06000072947					
1. Entity Name PHOENIX HOME INTERIORS, LLC					
Principal Place of Business 1209 SPRING CIRCLE DR. CORAL SPRINGS, FL 33071 US			Mailing Address 1209 SPRING LAKE DR. CORAL SPRINGS, FL 33071 US		
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 20-5289536	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DIAZ, WALTER F 6193 ROCK ISLAND ROAD #202 TAMARAC, FL 33019			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 renewing) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIAZ, WALTER F 1209 SPRING CIR DR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: 			Date: 5/1/08 (954) 755-4322		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

ATTACHMENT

300/04/2

Phoenix Home Interiors, LLC

May 27th, 2008

Florida Dept. of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

Re: Document L06000072947

To Whom It May Concern:

Please, be advised that we have not previously received an Annual Report Notice. We have recently noticed, on our online records, that you have an incorrect address, stating "Lake Dr." instead of "Circle Dr.", so we think the notices might have been mailed there. This is an attempt to file and pay for our annual report, while trying to avoid the \$400 penalty. Please, do not hesitate to contact us, should you have any further questions at (954) 755-4322. Thank You.

Sincerely,



Walter F. Diaz

1209 Spring Circle Dr., Coral Springs FL 33071, (954) 755-4322