

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043150

Entity Name: PHOENIX ILLUSIONS LLC

FILED  
Apr 18, 2008  
Secretary of State

## Current Principal Place of Business:

503 LORI LANE  
ALFORD, FL 32420 US

## New Principal Place of Business:

840 MAIN STREET  
CHIPLEY, FL 32428 US

## Current Mailing Address:

503 LORI LANE  
ALFORD, FL 32420 US

## New Mailing Address:

840 MAIN STREET  
CHIPLEY, FL 32428 US

FEI Number: 26-0144412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: ZUPPARDO, MICHAEL  
Address: 503 LORI LANE  
City-St-Zip: ALFORD, FL 32420 US

Title: MGRM ( ) Delete  
Name: ZUPPARDO, ELLEN  
Address: 503 LORI LANE  
City-St-Zip: ALFORD, FL 32420 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ZUPPARDO, MICHAEL  
Address: 840 MAIN STREET  
City-St-Zip: CHIPLEY, FL 32428 US

Title: MGRM (X) Change ( ) Addition  
Name: ZUPPARDO, ELLEN  
Address: 840 MAIN STREET  
City-St-Zip: CHIPLEY, FL 32428 US

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: MICHAEL ZUPPARDO

MGRM

04/18/2008

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