FILED
Jun 16, 2008 8:00 am
Secretary of State

05-14-2008 90082 020 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000047620

1. Entity Name
PHOENIX PROPERTY PARTNERS LLC

30009338

Principal Place of Business	Mailing Address
2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134	2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134

04182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1600 NW 163 Street	1600 NW 163 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip 33169 Country US	Zip 33169 Country US

4. FEI Number 26-0138473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIF, EVAN D
2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: Alison P. Herman
Street Address (P.O. Box Number is Not Acceptable): 1600 NW 163 Street
City: Miami FL Zip Code 33169

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 [signature] Alison P. Herman 4/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Chaplin, Wayne STREET ADDRESS: 1600 NW 163 St CITY-ST-ZIP: Miami, FL 33169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Becker, Steven R STREET ADDRESS: 1600 NW 163 St CITY-ST-ZIP: ~~Miami, FL 33169~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Steven R. Becker 4/18/08 305-625-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #