

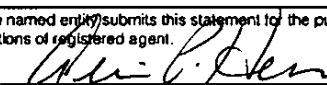
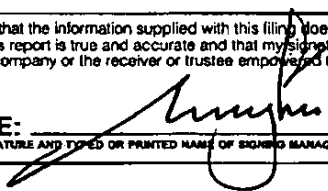
# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-14-2008 90082 020 \*\*\*138.75

**30009338**



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                       |                                                                              |
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| <b>DOCUMENT # L07000047620</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                      |                                                                              |
| 1. Entity Name<br><b>PHOENIX PROPERTY PARTNERS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                       |                                                                              |
| Principal Place of Business<br><b>2800 PONCE DE LEON BLVD., SUITE 1125<br/>MIAMI, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Mailing Address<br><b>2800 PONCE DE LEON BLVD., SUITE 1125<br/>MIAMI, FL 33134</b>                                                                                                                                    |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>1600 NW 163 Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | 3. Mailing Address<br><b>1600 NW 163 Street</b>                                                                                                                                                                       |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Suite, Apt. #, etc.                                                                                                                                                                                                   |                                                                              |
| City & State<br><b>Miami, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | City & State<br><b>Miami, FL</b>                                                                                                                                                                                      |                                                                              |
| Zip<br><b>33169</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br><b>US</b>            | Zip<br><b>33169</b>                                                                                                                                                                                                   | Country<br><b>US</b>                                                         |
| 4. FEI Number<br><b>26-0138473</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Applied For<br>Not Applicable                                                                                                                                                                                         |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 04182008 Chg-LLC CR2E083 (12/06)                                                                                                                                                                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>SEIF, EVAN D<br/>2800 PONCE DE LEON BLVD., SUITE 1125<br/>MIAMI, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                      |                                 | 7. Name and Address of New Registered Agent<br>Name<br><b>Alison P. Herman</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1600 NW 163 Street</b><br>City<br><b>Miami</b> FL Zip Code<br><b>33169</b> |                                                                              |
| 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.<br>SIGNATURE  <b>Alison P. Herman</b> 4/18/08 DATE<br><small>(NOTE: Registered Agent signature required when reappointing)</small>                                                       |                                 |                                                                                                                                                                                                                       |                                                                              |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                          |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10. ADDITIONS/CHANGES                                                                                                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | MGR<br>Chaplin, Wayne<br>1600 NW 163 St<br>Miami, FL 33169                                                                                                                                                            |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | MGR<br>Becker, Steven R<br>1600 NW 163 St<br>Miami, FL 33169                                                                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Steven R. Becker 4/18/08 305-625-4171                                                                                                                                                                                 |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                 | <small>Date Daytime Phone #</small>                                                                                                                                                                                   |                                                                              |