

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095558

FILED
Jan 27, 2008
Secretary of State

Entity Name: THE PHAHII LIMITED LIABILITY COMPANY

Current Principal Place of Business:

543 WHITE PELICAN CIR
ORCHID, FL 32963

New Principal Place of Business:

543 WHITE PELICAN CIRCLE
ORCHID, FL 32963

Current Mailing Address:

543 WHITE PELICAN CIR
ORCHID, FL 32963

New Mailing Address:

543 WHITE PELICAN CIRCLE
ORCHID, FL 32963

FEI Number: 51-0620048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPORT, ALLAN H
543 WHITE PELICAN CIR
ORCHID, FL 32963 US

Name and Address of New Registered Agent:

LAMPORT, ALLAN H
543 WHITE PELICAN CIRCLE
ORCHID, FL 32963 US

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:

01/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAMPORT, ALLEN H
Address: 4836 WOOD DUCK CIR
City-St-Zip: VERO BEACH, FL 32967

Title: MGR () Delete
Name: LAMPORT, TRACY L
Address: 4836 WOOD DUCK CIR
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LAMPORT, ALLAN H
Address: 4836 WOOD DUCK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: MGR (X) Change () Addition
Name: LAMPORT, TRACY L
Address: 4836 WOOD DUCK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

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: ALLAN H. LAMPORT

MGR

01/27/2008

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