2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000110405

Entity Name: PHITEX SPIP, LLC

Current Principal Place of Business:

96 WILLARD STREET
SUITE 101
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

96 WILLARD STREET
SUITE 101
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 26-1392801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DICKINSON, DAVID L
96 WILLARD STREET
SUITE 101
COCOA, FL 32922 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:	MGR	( ) Delete
Name:	DICKINSON, DAVID L	
Address:	96 WILLARD STREET, SUITE 101	
City-St-Zip:	COCOA, FL 32922 US	
Title:	MGR	( ) Delete
Name:	CREASEY, DAVID	
Address:	96 WILLARD STREET, SUITE 101	
City-St-Zip:	COCOA, FL 32922 US	
Title:	MGR	( ) Delete
Name:	CUMMINS, BARRY	
Address:	96 WILLARD STREET, SUITE 101	
City-St-Zip:	COCOA, FL 32922 US	
Title:	MGR	( ) Delete
Name:	SMITH, RUSSELL	
Address:	96 WILLARD STREET, SUITE 101	
City-St-Zip:	COCOA, FL 32922 US	
Title:	MGR	( ) Delete
Name:	APPLEBY, ROBERT	
Address:	96 WILLARD STREET, SUITE 101	
City-St-Zip:	COCOA, FL 32922 US	
Title:	MGR	( ) Delete
Name:	BURNS, JAMES	
Address:	96 WILLARD STREET, SUITE 101	
City-St-Zip:	COCOA, FL 32922 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DAVID L. DICKINSON MGR 04/30/2009

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