2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L08000020261

Entity Name: C.H. PHOENIX, LLC

Current Principal Place of Business:

630 NORTH MAGNOLIA AVENUE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

630 NORTH MAGNOLIA AVENUE
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 26-2052241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIS, CHRISTOPHER H
630 N. MAGNOLIA AVE.
GREEN COVE SPRINGS, FL 32043 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:	WILLIS, CHRISTOPHER H	
Address:	630 NORTH MAGNOLIA AVENUE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043 US	
Title:	MGRM	( ) Delete
Name:	WILLIS, PATRICIA B	
Address:	1150 VAN REED ROAD	
City-St-Zip:	READING, PA 19605 US	
Title:	MGRM	( ) Delete
Name:	MINEHART, PATRICIA W	
Address:	1148 VAN REED ROAD	
City-St-Zip:	READING, PA 19605 PA	
Title:	MGRM	( ) Delete
Name:	WILLIS, PETER M	
Address:	854 BUCK LANE	
City-St-Zip:	HAVERFORD, PA 19041 PA	

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:	

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: CHRISTOPHER WILLIS MGRM 04/09/2009

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