




FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 25 PM 3:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company PH HOLDINGS, L.C. 853 NORMANDY TRACE RD. TAMPA FL 33602		DOCUMENT #L94000000308			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 712 CORAL REEF DRIVE Suite, Apt. #, etc.		2a. Mailing Address 712 CORAL REEF DRIVE Suite, Apt. #, etc.		3. Date Organized or Qualified 07/07/1994	
City & State TAMPA, FL		City & State TAMPA, FL		3a. State of Formation FL	
Zip 33602		Zip 33602		4. FEI Number 59-3277195	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/28/1996	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> SE-75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent JACOBSON, RICHARD A 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602			8. Name and Address of New Registered Agent Name JOHN H. CROWIN JR Street Address (P.O. Box Number is Not Acceptable) 2560 GULF-T-O-BAY BLVD Suite, Apt. #, etc. # 200 City CLEARWATER FL Zip Code 34625		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when reinstating)			DATE 2/10/97		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	VAN STARRENBURG, J.J.H	712 CORAL REEF DRIVE		TAMPA FL 33602	
MGRM	PARA HOLDING, B.V.	"		"	
				600002162536--7 -05/01/97--01108--021 ***203.75 ***203.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		Date 4/18/97		Daytime Phone # 813-222-0116	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	