| ANN | IABILITY COMPANY IUAL REPORT 1998 | | Sai | DEPARTME ndra B. Me Secretary of DN OF CORE | ortham State | | | | FILE RETARY (IN OF COR | OF STATE PORATIO | |
|---|--|---------------------|--|--|---|--|--|----------------------|---------------------------------|------------------------------|---|
| FILING FE \$ 188.75 | | To: FLOF | RIDA DEF | PARTMEN | TOF STA | ATE | | 98 M/ | IR II A | M 8: 4 | 6 |
| Name and of Limited L | Mailing Address iability Company | JMEN. | Г#: | 940000 | 00308 | | 1a. Pr | ncibal Pie | /12 ice of Busine | ss Address | |
| PH HOLDINGS, L.C. 712 CORAL REEF DRIVE TAMPA FL 33602 | | | | | | | 712 CORAL REEF DRIVE TAMPA FL 33602 | | | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | e Organiz | ed or Qualifie | d 3a. St | ate of Formation |
| Suite, Apt. #, ei | Suite, A | Suite, Apt. #, etc. | | | | | /07/1 Number | 994 | FL | | |
| City & State | City & S | City & State | | | | 59-3277195 | | | | Applied For Not Applicable | |
| Zip | Country | Zip | <u>. </u> | Count | у | | 5. Dati | of Last F | Report | | ificate of Status Desired |
| | 7. Name and Address of Curren | t Registered | d Agent | | | B. N | | / 25 / 1 d Addres | 997 s of New Re | gistered Ag | ent/Office |
| | TAMPA STREET FL 33602 | | | | | | | | | | |
| | | | | | Suite, Ap | f. #, etc. | | | | | |
| 9. Durqueet to | the available of Sections 608 416 | and 609 50 | P. Elorido S | stutos the sh | City | | iahilitu n | 2000 | F(| | |
| Its registered of | the provisions of Sections 608.416 fice or registered agent, or both, in th gent, and accept the obligations. | | | | City pove-named | I limited li | | | ubmits this st | atement for | the purpose of changing |
| Its registered of | fice or registered agent, or both, in th gent, and accept the obligations. | e State of Flo | orida. Such | change was a | City pove-named uthorized by | I limited li r affirmati | | of a majorit | ubmits this st | atement for | the purpose of changing |
| its registered of as registered a | fice or registered agent, or both, in th gent, and accept the obligations. | e State of Flo | orida. Such | change was a | City pove-named uthorized by | I limited live affirmation aff | | of a majorit | ubmits this st y of the memi | atement for | the purpose of changing y accept the appointment |
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Date

Daytime Phone #

SIGNATURE: _