

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90131 008 \*\*\*\*50.00

**DOCUMENT # L99000007341**

1. Entity Name

**PHM HOLDINGS, L.L.C.**

Principal Place of Business

**750 STARKEY ROAD  
 LARGO FL 33771**

Mailing Address

**750 STARKEY ROAD  
 LARGO FL 33771**

**961543**

2. Principal Place of Business

**7235 BRYAN DAIRY ROAD**

3. Mailing Address

**7235 BRYAN DAIRY ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LARGO FL**

City & State

**LARGO FL**

Zip

**33777**

Country

**FLORIDA**

Zip

**33777**

Country

**FLORIDA**

4. FEI Number

**59-3607454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEENAN, JAMES E  
 750 STARKEY ROAD  
 LARGO FL 33771**

7. Name and Address of New Registered Agent

Name

**JAMES E HEENAN**

Street Address (P.O. Box Number is Not Acceptable)

**7235 BRYAN DAIRY ROAD**

City

**LARGO**

**FL**

Zip Code

**33777**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PAGGEOT, REX A 750 STARKEY ROAD LARGO FL 33771</b>	<input checked="" type="checkbox"/> Delete <b>Do not delete</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HEENAN, JAMES E 750 STARKEY ROAD LARGO FL 33771</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MOSES, MICHAEL J II 750 STARKEY ROAD LARGO FL 33771</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
**JAMES E HEENAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/30/02**

**727-765-1136**

CR2E083 (9/01)