

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008661

FILED
Feb 02, 2004
Secretary of State

Entity Name: PH LAND DEVELOPMENT LIMITED COMPANY

Current Principal Place of Business:

570 WEST 18TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

% SHUTTS & BOWEN, LLP
201 S. BISCAYNE BOULEVARD, #1500 MIAMI CTR
MIAMI, FL 33131

Current Mailing Address:

570 WEST 18TH STREET
HIALEAH, FL 33010

New Mailing Address:

% SHUTTS & BOWEN, LLP
201 S. BISCAYNE BOULEVARD, #1500 MIAMI CTR
MIAMI, FL 33131

FEI Number: 65-0967834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICOFF, HAROLD E
% SHUTTS & BOWEN, LLP
201 S. BISCAYNE BOULEVARD, #1500 MIAMI CTR
MIAMI, FL 33131 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/MEMBERS:

Title: MGR () Delete
Name: PATRICOFF, HAROLD E
Address: 201 S.BISCAYNE BOULEVARD, #1500
City-St-Zip: MIAMI, FL 33131

Title: MGRP (X) Delete
Name: HERRERA, HERMINIA
Address: 570 WEST 18TH STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

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 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 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: HAROLD E. PATRICOFF

MGR

02/02/2004

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