

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008661

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: PH LAND DEVELOPMENT LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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/MANAGERS:**

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

Title: MGRM ( ) Delete  
Name: UNTERBRINK, LARRY  
Address: 3998 N.W. 7TH PLACE  
City-St-Zip: DEERFIELD BEACH, FL 33036

**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 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: HAROLD E. PATRICOFF

MGRM

04/04/2007

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