

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90036 006 ****50.00

DOCUMENT # M02000001679
 1. Entity Name
 PHOENIX/LJH ALTERNATIVE INVESTMENTS LLC



Principal Place of Business
 2640 GOLDEN GATE PARKWAY
 205
 NAPLES, FL 34105

Mailing Address
 2640 GOLDEN GATE PARKWAY
 205
 NAPLES, FL 34105

20019745



2. Principal Place of Business
COLLIER PLACE II
 Suite, Apt. #, etc. **STE 302**
3001 TAMIAHI TR. N.
 City & State
NAPLES, FL

3. Mailing Address
COLLIER PLACE II
 Suite, Apt. #, etc. **STE 302**
3001 TAMIAHI TR. N.
 City & State
NAPLES, FL

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 03-0469188

5. Certificate of Status Desired \$5.00 Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HEDGES, JAMES R IV 2640 GOLDEN GATE PKWY #205 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COLLIER PLACE II 3001 TAMIAHI TR. N. STE 302 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGALAS, DONNELL A ONE AMERICAN ROW HARTFORD, CT 06102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIESCHBOURG, MICHAEL 3908 KENNETT PIKE WILMINGTON, DE 19807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, MARTIN B II P.O. BOX 979 ELIZABETH, NJ 07207 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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(2)(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: *James R Hedges*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #