

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90068 043 ****50.00

DOCUMENT # L01000011623

1. Entity Name
FRE-FUND FIVE, LLC

Principal Place of Business

1112 S NORTHLAKE DR.
 HOLLYWOOD FL 33019

Mailing Address

1112 S NORTHLAKE DR.
 HOLLYWOOD FL 33019

2. Principal Place of Business

2875 NE 191 STREET

Suite, Apt. #, etc.

801

3. Mailing Address

2875 NE 191 STREET

Suite, Apt. #, etc.

801

City & State

AVENUMA, FLORIDA

City & State

AVENUMA, FLORIDA

4. FEI Number

Applied For
 Not Applicable

Zip **33180**

Country **USA**

Zip **33180**

Country **USA**

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCO, JUAN F
 1112 S NORTHLAKE DR.
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name **DANIEL J. SEIBER**
 Street Address (P.O. Box Numbers Not Acceptable) **2875 NE 191 STREET**
SUITE 201
 City **AVENUMA** FL Zip Code **33180**

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]

DANIEL J. SEIBER

4/30/02

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	<input type="checkbox"/> Delete
	MEMBER			
	GUSTAVO MIOLITKI	2875 NE 191 STREET #801	AVENUMA, FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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]* **SIGNATURE REQUIRED**

4/30/02

(305) 932-6262

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

Date

Daytime Phone #

CR2E083 (9/01)