

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030225

Entity Name: CINCO HERMANOS, LLC

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

C/O DAVID A. WALLACE
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O DAVID A. WALLACE
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 02-0652293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALLACE, DAVID A
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

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: MGR () Delete
Name: WALLACE, DAVID A
Address: 200 S. ORANGE AVE.
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: WALLACE, JAMES P
Address: 200 S. ORANGE AVE.
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: WALLACE, JOHN R
Address: 200 S. ORANGE AVE.
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: WALLACE, THOMAS R
Address: 200 S. ORANGE AVE.
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR () Delete
Name: WALLACE, PETER R
Address: 200 S. ORANGE AVE.
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID A. WALLACE

MGR

06/28/2005

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