

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091347

Entity Name: 5193 CANNON WAY, LLC

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

C/O WILLA FEARRINGTON, ESQ.
515 NORTH FLAGLER DRIVE, SIXTH FLOOR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

C/O WILLA FEARRINGTON, ESQ.
515 NORTH FLAGLER DRIVE, SIXTH FLOOR
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 15-6429500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEARRINGTON, WILLA A ESQ.
ARNSTEIN & LEHR
515 NORTH FLAGLER DRIVE, SIXTH FLOOR
WEST PALM BEACH, FL 33401 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: MGR () Delete
Name: MANDGILO, MARCY
Address: 216 NOTTINGHAM BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANDELLO, JERRY
Address: 216 NOTTINGHAM BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM () Change (X) Addition
Name: MANDELLO, MARCY
Address: 216 NOTTINGHAM BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

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: JERRY MANDELLO

MGR

02/16/2007

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