


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90086 049 \*\*\*138.75

**DOCUMENT # L04000091347**

1. Entity Name  
 5193 CANNON WAY, LLC



Principal Place of Business C/O WILLA FEARRINGTON, ESQ. 515 NORTH FLAGLER DRIVE, SIXTH FLOOR WEST PALM BEACH, FL 33401	Mailing Address C/O WILLA FEARRINGTON, ESQ. 515 NORTH FLAGLER DRIVE, SIXTH FLOOR WEST PALM BEACH, FL 33401
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**60003826**



01202008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 15-6429500	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEARRINGTON, WILLA A ESQ.  
 ARNSTEIN & LEHR  
 515 NORTH FLAGLER DRIVE, SIXTH FLOOR  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANDELLO, JERRY 216 NOTTINGHAM BLVD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDELLO, MARCY 216 NOTTINGHAM BLVD WEST PALM BEACH, FL 33405
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jerry Mandello Date: 1/20/08 Daytime Phone #: 561-670-6096

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