


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000053682

1. Entity Name
FIVE COUPLES ST PETE'S # 105, LLC



Principal Place of Business 11550 ROYAL TEE CIRCLE CAPE CORAL, FL 33991 US	Mailing Address 11550 ROYAL TEE CIRCLE CAPE CORAL, FL 33991 US
---	---

DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4932148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIOLA, LOUIS A
 11550 ROYAL TEE CIRCLE
 CAPE CORAL, FL 33991**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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

U00000896037
 04/24/08-80092-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIOLA, LOUIS A 11550 ROYAL TEE CIRCLE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, CLIFFORD 414 SE 21ST STREET CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VACCA, MICHAEL 26 W NORTON DRIVE SOUTHAMPTON, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COCCIA, VINCENT 13042 RICHWOOD ROAD PHILADELPHIA, PA 19116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIOLA, ANTHONY J 750 CARPENTER STREET GLASSBORO, NJ 08028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Paul A. Fisher* **4/11/08** **239-410-5325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #