2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000077255

1. Entity Name
H-5, LLC

Principal Place of Business	Mailing Address
12773 W FOREST HILL BLVD. #1211 WELLINGTON, FL 33414 US	12773 W FOREST HILL BLVD. #1211 WELLINGTON, FL 33414 US

01202008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3265259
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PRESCOTT, WARREN L
51 RIVER DRIVE
TEQUESTA, FL 33469

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	PRESCOTT, WARREN L
STREET ADDRESS	51 RIVER DRIVE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VPG
NAME	PRESCOTT, LOURDES M
STREET ADDRESS	51 RIVER DRIVE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	S
NAME	TOMEU, ADELA M
STREET ADDRESS	115 ALPINE RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	V
NAME	RODRIGUEZ, FRANSISCO
STREET ADDRESS	P.O. BOX 454
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	VP
NAME	RODRIGUEZ, ROBERTO
STREET ADDRESS	P.O. BOX 454
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	T
NAME	CRAWFORD, JEFFREY
STREET ADDRESS	3 DEER CT
CITY-ST-ZIP	PALM BAY, FL 32909

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03/05/08-80023-002 143.75

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