


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90206 001 *2,497.50

DOCUMENT # M06000006863 1. Entity Name TIC ALTAMONTE SHS 5, LLC	
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Principal Place of Business 6363 WOODWAY, SUITE 110 HOUSTON, TX 77057-1714	Mailing Address 6363 WOODWAY, SUITE 110 HOUSTON, TX 77057-1714
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DO NOT WRITE IN THIS SPACE



02042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8182811	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

NATIONAL CORPORATE RESEARCH, LTD.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301

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	MGRM ELIJAH, D.W. & F.L., H&W, AS JNT. TENANTS 11204 VALLEY SPRING DRIVE OAKDALE, CA 95361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Donovan W. Elijah / FAYE LAVONNE ELIJAH* 2-16-07 (209)848-1206

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