

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077255

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: H-5, LLC

## Current Principal Place of Business:

12773 W FOREST HILL BLVD.  
#1211  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

## Current Mailing Address:

12773 W FOREST HILL BLVD.  
#1211  
WELLINGTON, FL 33414 US

## New Mailing Address:

FEI Number: 20-3265259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRESCOTT, WARREN L  
51 RIVER DRIVE  
TEQUESTA, FL 33469 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: MGRP ( ) Delete  
Name: PRESCOTT, WARREN L  
Address: 51 RIVER DRIVE  
City-St-Zip: TEQUESTA, FL 33469 US

Title: VPG ( ) Delete  
Name: PRESCOTT, LOURDES M  
Address: 51 RIVER DRIVE  
City-St-Zip: TEQUESTA, FL 33469 US

Title: S ( ) Delete  
Name: TOMEU, ADELA M  
Address: 115 ALPINE RD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: V ( ) Delete  
Name: RODRIGUEZ, FRANCISCO  
Address: P.O. BOX 454  
City-St-Zip: BELLE GLADE, FL 33430

Title: VP ( ) Delete  
Name: RODRIGUEZ, ROBERTO  
Address: P.O. BOX 454  
City-St-Zip: BELLE GLADE, FL 33430

Title: T ( ) Delete  
Name: CRAWFORD, JEFFREY  
Address: 3 DEER CT  
City-St-Zip: PALM BAY, FL 32909

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WARREN L PRESCOTT

MGRP

01/25/2009

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