

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038213

FILED
Feb 11, 2009
Secretary of State

Entity Name: FOR FIVE, L.L.C.

Current Principal Place of Business:

2625 COLLINS AVE. APT. #906-907
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

100 NORTH BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132

New Mailing Address:

FEI Number: 26-0099209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JADE ASSOCIATES MIAMI INC
100 NORTH BISCAYNE BLVD
SUITE 500
MIAMI, FL 33132 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: MGR () Delete
Name: ALLOUCHE, ALBERT
Address: 2625 COLLINS AVE. APT. #906-907
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ALLOUCHE, MICHELE
Address: 100 N BISCAYNE BLVD. STE 500
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: ALLOUCHE, ANTHONY
Address: 100 N BISCAYNE BLVD. STE 500
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: ALLOUCHE, STANLEY
Address: 100 N BISCAYNE BLVD. STE 500
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: ALLOUCHE, CEDRIC
Address: 100 N BISCAYNE BLVD. STE 500
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: ALLOUCHE, HAROLD
Address: 100 N BISCAYNE BLVD. STE 500
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLOUCHE, ALBERT
Address: 100 N BISCAYNE BLVD. STE 500
City-St-Zip: MIAMI, FL 33132

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

Title: () Change () Addition
Name:
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Name:
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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: CLAUDE ALLOUCHE

MGRM

02/11/2009

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