

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014213

Entity Name: 5691, LLC

FILED
Feb 24, 2010
Secretary of State

Current Principal Place of Business:

5691 N.E. 14TH AVENUE
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

5691 N.E. 14TH AVENUE
FT. LAUDERDALE, FL 33334 US

New Mailing Address:

FEI Number: 20-8428819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASLE, THEODORE S III
5691 NE 14TH AVENUE
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

HASLE, THEODORE S III
1461 NE 57 PLACE
FORT LAUDERDALE, FL 33334 US

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:

02/24/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HASLE, THEODORE S
Address: 5691 N.E. 14TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL US

Title: MGRM
Name: SIEFERT, ALBERT
Address: 5691 N.E. 14TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL US

Title: D
Name: O'BRIEN, ROBERT P
Address: 5691 NE 14TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL US

Title: D
Name: FRANZONE, AUDREY M
Address: 5691 NE 14TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL US

Title: D
Name: WEINSTOCK, STUART
Address: 5691 NE 14TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL US

Title: D
Name: STERN, HEATH
Address: 5691 NE 14TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL

I hereby 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: THEODORE S HASLE

MGRM

02/24/2010

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