

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000026144

Entity Name: LAXMI 5 LLC**Current Principal Place of Business:**3131 SW COLLEGE ROAD
UNIT # 303
OCALA, FL 34474**Current Mailing Address:**6520 SW 50TH TERRACE
OCALA, FL 34474 US**FEI Number:** 45-4616522**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, CHANDRIKA
6520 SW 50TH TERRACE
OCALA, FL 34474 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	PATEL, CHANDRIKA
Address	6520 SW 50TH TERRACE
City-State-Zip:	OCALA FL 34474
Title	MGRM
Name	PATEL, KALPA
Address	3131 SW COLLEGE ROAD, UNIT # 303
City-State-Zip:	OCALA FL 34474
Title	MGRM
Name	PATEL, VAISHALI
Address	3131 SW COLLEGE ROAD, UNIT # 303
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	PATEL, KASHMIRA
Address	3131 SW COLLEGE ROAD, UNIT # 303
City-State-Zip:	OCALA FL 34474
Title	MGRM
Name	PATEL, HETAL
Address	3131 SW COLLEGE ROAD, UNIT # 303
City-State-Zip:	OCALA FL 34474

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHANDRIKA PATEL

MGRM

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date