


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000000277			
1. Entity Name GAETA LIMITED LIABILITY LIMITED PARTNERSHIP #5			
Principal Place of Business 5220 HOOD ROAD, SUITE 100 PALM BEACH GARDENS FL 33418		Mailing Address 5220 HOOD ROAD, SUITE 100 PALM BEACH GARDENS FL 33418	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 APR 23 AM 11:01

SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

FBI Number 83-0449298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAETA, NEIL J 5220 HOOD ROAD, SUITE 100 PALM BEACH GARDENS FL 33418		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

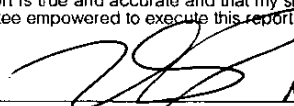
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900.*** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000014325	STREET ADDRESS	SEE ATTACHED AMMENDMENT
NAME	GAETA #5, LLC	CITY-ST-ZIP	
STREET ADDRESS	5220 HOOD ROAD, SUITE 100	STREET ADDRESS	700101622727
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	05/04/07--01055--012 **500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **GAETA, NEIL J. GAETA #5 LLC GP. 2/24/07 561-627-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #