

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018166

Entity Name: 5051, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5051 S.E. FEDERAL HWY
STUART, FL 34997 US

New Principal Place of Business:

5051 SE FEDERAL HWY
STUART, FL 34997 US

Current Mailing Address:

4461 S.E. FEDERAL HWY
STUART, FL 34997 US

New Mailing Address:

4461 SE FEDERAL HWY
STUART, FL 34997 US

FEI Number: 20-8361333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIONE, ROBERT V
8343 S. ELIZABETH AVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

SMITH, LARRY
701 US HIGHWAY ONE
SUITE 402
NORTH PALM BEACH, FL 33408 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: LARRY SMITH

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAIONE, ROBERT V
Address: 4461 SE FEDERAL HWY
City-St-Zip: STUART, FL 34997 US

Title: MGRM () Delete
Name: STALUPPI, JOHN
Address: 133 U.S. HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: STALUPPI, JOHN
Address: 133 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

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: JOHN STALUPPI

MGRM

04/29/2009

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