


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000022251		
1. Entity Name 5R PROPERTIES, LLC		
Principal Place of Business 1200 S. ROGERS CIRCLE., STE 3 BOCA RATON, FL 33487	Mailing Address 1200 S. ROGERS CIRCLE., STE 3 BOCA RATON, FL 33487	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KENNETH ELDELMAN, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by September 7, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, ELLIOTT 1200 S. ROGERS CIRCLE., STE 3 BOCA RATON, FL 33487	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		ELLIOTT WALLACE 4/30/05 561-994-1250 <small>Date Daytime Phone #</small>



05022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0689957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000362995
05/05/05-80139-019 50.00