
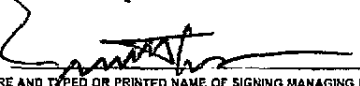


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 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>Signer is: 1. owner or partner of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<div style="display: flex; justify-content: space-between;"><div>Filing Fee is \$50.00 Due by May 1, 2006</div><div>\$5000</div></div>		
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. 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 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 4/17/06 S619941250 <small>Case Daytime Phone #</small>



04172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0689957	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

U00000519438
05/02/06-80054-005 50.00

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