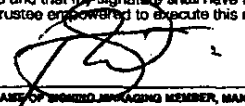


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-26-2004 90052 006 ****50.00

DOCUMENT # L03000001694					
1. Entity Name FIVE DEVELOPMENT, LLC					
Principal Place of Business 1990 N.W. 82ND AVENUE MIAMI, FL 33126 US			Mailing Address 1990 N.W. 82ND AVENUE MIAMI, FL 33126 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 13-4239722				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PACANINS, CARLOS L 4117 PALM AIRE DR. WEST B-3 POMPANO BEACH, FL 33069				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACANINS, CARLOS L SR. 4117 PALM AIRE DR. WEST UNIT B-3 POMPANO BEACH, FL 33069 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, EDUARDO 4117 PALM AIRE DR. WEST UNIT B-3 POMPANO BEACH, FL 33069 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELGADO, ANTONIO 4117 PALM AIRE DR. WEST UNIT B-3 POMPANO BEACH, FL 33069 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINCON, ROBERTO 1990 NW 82ND AVENUE MIAMI, FL 33126 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JULIO 8485 SW 44TH STREET MIAMI, FL 33135 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PACANINS, CARLOS L III 4117 PALM AIRE DR. W UNIT B-3 POMPANO BEACH, FL 33069 ☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:  04/21/2004 305 594764					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

34007428



04212004 Chg-LLC CR2E083 (10/03)