

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/17/2006-90054-022-\$50.00-\$50.00

DOCUMENT # L03000003486
 1. Entity Name
FIVE BROTHERS, L.L.C.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 9:49

Principal Place of Business
 1080 WEST HALLANDALE BEACH BLVD.
 HALLANDALE, FL 33054

Mailing Address
 1080 WEST HALLANDALE BEACH BLVD.
 HALLANDALE, FL 33054

2. Principal Place of Business
 Suite, Apt #, etc

3. Mailing Address
 Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 25-1903474

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 TY JAVELLANA CPA, PA
 1250 E HALLANDALE BEACH BLVD
 SUITE 405
 HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

I, the above named entity submit 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.

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM DAYEM, TAREK STREET ADDRESS 19368 NW 14TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 provided 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: Tarek Dayem 5-1-05 954-455-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAY/MONTH/YEAR