

**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
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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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

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