2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2007 08:00 AM Secretary of State **DOCUMENT # L03000011737** FIFTH AVENUE PARTNERS, LLC Principal Place of Business Mailing Address 1243 N. HARBOR CITY BLVD. 1243 N. HARBOR CITY BLVD. MELBOURNE, FL 32935 SUITE A MELBOURNE, FL 32935 04302007 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 38-3680110 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTGOMERY, MICHAEL 1243 N HARBOR CITY BLVD STE 2A MELBOURNE, FL 32935 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME MONTGOMERY, MICHAEL STREET ADDRESS 1243 N. HARBOR CITY BLVD. #C CITY-ST-ZIP MELBOURNE, FL 32935 TITLE SIMS, WILSON STREET ADDRESS 3930 NORTH RIVERSIDE DRIVE CITY-ST-ZIP INDIALANTIC, FL 32903 TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP U00000752790 NAME 05/21/07-80031-002 50.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

CICHATURE.

4-27-07