## 2005 LIMITED LIABILITY COMPANY \_\_\_\_ ANNUAL REPORT

## DOCUMENT # L03000012153

1. Entity Name
OEP PROPERTIES 5, LLC



**FILED** Apr 26, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751

1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751



## DO NOT WRITE IN THIS SPACE

01262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0047708

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

CLAYTON, KENNETH M 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: 2

## DO NOT WRITE IN THIS SPACE

| tue obliga                                     | ions of registered agent.  |  |  |   | 1  |   |             |
|--|--|--|--|---|--|---|-------------|
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title if applicable   | (NOTE Registered   | Agent signature required   | when reinstating)   | <del>-,</del>                                | DATE  |             |
| Fi<br>D  | iling Fee is \$50.00<br>ue by May 1, 2005  |  | 1  | £.  |  |   |             |
| g.   | MANAGING MEMBERS/MANAGERS  | <del></del> ]  |  |   |  | 7   |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CLAYTON, BRANTLY W<br>1065 MAITLAND CENTER COMMONS BLVD.<br>MAITLAND, FL 32751   |  |  |   | Unnnna                                       | 20044   |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | 20 TA 1  |  |   | Unnonn33<br>726/05-80                        | 92644<br>9066-012 55.00                                     |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  | DO N  | OT WI  | RITE  |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  | ≕IN TH  | IIS SPA                                      | ACE   |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |  |   | <u></u>                                      |   |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  | THE PERSON THE PROPERTY OF   |   | <del></del>                                  |   |             |
| 11. I hereby of indicated limited lia          | certify that the information supplied with this filing does not on this report is true and accurate and that my signature shollity company or the receiver or trustee empowered typexe | qualify for the exem-<br>nall have the same<br>cute this report as | ption stated in Sec<br>legal effect as if ma<br>required by Chapte | ction 119.07(3)(i), Flor<br>ade under oath, that<br>er 688, Florida Statute | rida Statutes. I fu<br>f am a managin<br>es. | Irther certify that the inform<br>g member or manager of ti | ation<br>he |

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. 1 am familiar with, and accept