

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L0300020723

1. Entity Name  
 SIGMA-5, LLC



Principal Place of Business  
 14545-J MILITARY TRAIL #303  
 DELRAY BEACH, FL 33484

Mailing Address  
 14545-J MILITARY TRAIL #303  
 DELRAY BEACH, FL 33484



04282008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 36-4535311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, RICHARD F  
 14545-J MILITARY TRAIL #303  
 DELRAY BEACH, FL 33484

**DO NOT WRITE IN THIS SPACE**

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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARKER, RICHARD F 6118 DUSENBURG RD DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000343629  
 05/29/08-80067-007 138.75

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: **Richard Parker**  
 MANAGING DIRECTOR  
 Date: 4-30-08 Daytime Phone #: 561-843-7346

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

Date

Daytime Phone #