


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90149 009 \*\*\*138.75

**DOCUMENT # L03000026991**

1. Entity Name  
**G5 PROPERTIES, LLC**



Principal Place of Business Mailing Address

8661 CAJUPUT COVE  
 FORT MYERS, FL 33919 US



03072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0737238**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WINESETT, RICHARD W**  
 2248 FIRST STREET  
 FORT MYERS, FL 33901

*Winesett, Richard  
 2248 First St.  
 Ft Myers, FL  
 33901*

**DO NOT WRITE IN THIS SPACE**

8. The authorized 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, the registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

**FL FEE IS \$138.75**  
**After 08 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**GOROVY, MARK S**  
 8561 CAJUPUT COVE  
 FORT MYERS, FL 33919

*Gorovoy, Mark  
 8561 Cajuput Cove  
 Ft Myers FL*

**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:** \_\_\_\_\_ **3/15/08** **239-939-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #