2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035368

2301 NORTH HARBOUR DRIVE

LYNN HAVEN, FL 32444

Address:

City-St-Zip:

Entity Name: SUNSPOT FIVE, LLC

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 56 SPIRES LANE #14A SANTA ROSA BEACH, FL 32459 **New Mailing Address: Current Mailing Address:** 56 SPIRES LANE #14A SANTA ROSA BEACH, FL 32459 FEI Number: 20-0231003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCULLAR, ROBERT L CPA 56 SPIRES LANE 14A SANTA ROSA BEACH, FL 32459 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MCCULLAR, ROBERT L Name: Name: 56 SPIRES LANE, #14A Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition FAISON, GREGORY B Name: FAISON, GREGORY B Name: Address: 400 ST FRANCIS ROAD Address: P O BOX 681 City-St-Zip: EUFAULA, AL 36027 City-St-Zip: EUFAULA, AL 36072 Title: MGRM () Delete Title: () Change () Addition BALKCOM, JAMES R JR. Name: Name: Address: 78 LINDBERGH DRIVE #50 Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FAISON, BRENT Name: Name: 433 BUNKERS COVE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JONES, NEIL C Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: ROBERT L MCCULLAR MM 04/21/2005