

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90349 043 ****55.00

DOCUMENT # L03000036729			
1. Entity Name DOWNTOWN FIFTH, LLC			
Principal Place of Business 75 N.E. 6TH AVE., STE. 214 DELRAY BEACH FL 33483		Mailing Address 75 N.E. 6TH AVE., STE. 214 DELRAY BEACH FL 33483	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 56-2400027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DOWNTOWN ONE, INC. 75 N.E. 6TH AVE., STE. 214 DELRAY BEACH FL 33483	7. Name and Address of New Registered Agent Name Jim Zengage Street Address (P.O. Box Number is Not Acceptable) 75 NE 6th Ave., # 214 DeLray Beach FL 33483-5453
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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 *Jim Zengage* *Jim Zengage* *3/30/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Downtown One, Inc. 75 NE 6th Avenue #214 DeLray Beach, FL 33483-5453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jim Zengage* *Downtown One Inc* *3/30/04* *56d*
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #
278-3100