

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L03000044682

1. Entity Name

ROSS MATZ INVESTMENTS FIVE TREES, LLC



Principal Place of Business

3325 SOUTH UNIVERSITY DRIVE
210
DAVIE, FL 33328 US

Mailing Address

3325 SOUTH UNIVERSITY DRIVE
210
DAVIE, FL 33328 US



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0394891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, BARRY
3325 SOUTH UNIVERSITY DRIVE
210
DAVIE, FL 33328

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROSS, BARRY
STREET ADDRESS 3325 S. UNIVERSITY DRIVE 210
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGR
NAME MATZ, WILLIAM
STREET ADDRESS 3325 S. UNIVERSITY DRIVE 210
CITY-ST-ZIP DAVIE, FL 33328

TITLE
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CITY-ST-ZIP

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U00000751905
05/18/07-80121-014 50.00

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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: _____

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

APR 27 2007

Date

Daytime Phone #