

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012729

Entity Name: WE FIVE, L.L.C.

FILED  
Apr 23, 2006  
Secretary of State

**Current Principal Place of Business:**

C/O 18904 LANSFORD DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 18904 LANSFORD DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

PO BOX 11317  
SPRING HILL, FL 34610

FEI Number: 51-0495506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAXLEY, MILTON H II  
C/O 1929 N.W. 12TH TERRACE  
GAINESVILLE, FL 32609 US

**Name and Address of New Registered Agent:**

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERR, GILBERT D  
Address: 18226 NESTLE BRANCH CT  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARTER, KAREN A  
Address: 15717 GREENGLEN LN.  
City-St-Zip: SPRING HILL, FL 34610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: KAREN A. CARTER

MGRM

04/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date