

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000014021 1. Entity Name 5H, LLC	
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Principal Place of Business 702 NW PARK ST. OKEECHOBEE, FL 34972	Mailing Address 2473 SW 24TH AVE. OKEECHOBEE, FL 34974
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01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3147181	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOOVER, THOMAS W 2473 SW 24TH AVE. OKEECHOBEE, FL 34974
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**DO NOT WRITE
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 _____
Signatures, 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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOVER, THOMAS W 2473 SW 24TH AVENUE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOVER, LORRAINE L 2473 SW 24TH AVENUE OKEECHOBEE, FL 34974
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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 606, Florida Statutes.

SIGNATURE: Thomas W. Hoover 1/17/06 (863) 467 1539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #