

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027931

Entity Name: S5 INVESTMENTS LLC

FILED  
Mar 14, 2005  
Secretary of State

**Current Principal Place of Business:**

6227 GANNETDALE DRIVE  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

6227 GANNETDALE DRIVE  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 06-1722486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SMITH, MICHAEL B  
6227 GANNETDALE DRIVE  
LITHIA, FL 33547 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: SMITH, MICHAEL B  
Address: 6227 GANNETDALE DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: MGR ( ) Delete  
Name: SMITH, KELLY A  
Address: 6227 GANNETDALE DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: CLAVERING, JOSEPH B  
Address: 6227 GANNETDALE DRIVE  
City-St-Zip: LITHIA, FL 33547

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.

SIGNATURE: MICHAEL B SMITH

MGR

03/14/2005

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