


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036788

1. Entity Name
HI 5'S LLC



Principal Place of Business Mailing Address

26271 DEVONSHIRE CT., UNIT 202 26271 DEVONSHIRE CT., UNIT 202
 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134



04062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

8. Name and Address of Current Registered Agent

JONES, RICHARD M
850 CENTRAL AVE., SUITE 205
NAPLES, FL 34102

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6. 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)

Filing Fee is \$50.00
Due by May 1, 2006

00000499686
 04/24/06-80039-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, ELMER L MGRM 26271 DEVONSHIRE COURT #202 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEMAN, CRAIG MGR 27044 KINDLEWOOD LN BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLEGER, JACK MGR 26851 WYNDHURST CT BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUSSEY, DAVE MGR 26910 WEDGWOOD DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLETT, JOE MGR 27921 RIVERWALK WAY BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Elmer L. Johnson* **ELMER L. JOHNSON** 4/06/06 239-947-7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE MGRM Date Daytime Phone #