2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036788

Current Principal Place of Business:

GALLEGER, JACK MGR

26851 WYNDHURST CT

HUSSEY, DAVE MGR

WILLETT, JOE MGR

27921 RIVERWALK WAY

26910 WEDGWOOD DRIVE

MGR

MGR

BONITA SPRINGS, FL 34134 US

() Delete

BONITA SPRINGS, FL 34134 US

() Delete

BONITA SPRINGS, FL 34134 US

Name:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: HI5'S LLC

FILED Apr 25, 2008 Secretary of State

New Principal Place of Business:

26271 DEVONSHIRE CT., UNIT 202 BONITA SPRINGS, FL 34134				26271 DEVONSHIRE CT., UNIT 202 BONITA SPRINGS, FL 34134 US	
Current Mailing Address:			New Mailing Addı	New Mailing Address:	
26271 DEVONSHIRE CT., UNIT 202 BONITA SPRINGS, FL 34134			26271 DEVONSHIRE CT., UNIT 202 BONITA SPRINGS, FL 34134 US		
FEI Number:	: 1	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	l Address of Cur	rent Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
850 CENT	ICHARD M RAL AVE., SUITE FL 34102 US	E 205			
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () De JOHNSON, ELMEF 26271 DEVONSHII BONITA SPRINGS	R L MGRM RE COURT #202	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () De COLEMAN, CRAIG 27044 KINDLEWO BONITA SPRINGS	MGR OD LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR ()De	elete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: ELMER L JOHNSON MGRM 04/25/2008