## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L04000041763  1. Entity Name FORT FAMILY 5, L.L.C.						03-17-2005 90141 001 ***330.00					
Principal Place of Business  550 BRICKELL AVENUE, SUITE 200  MIAMI, FL 33131  Mailing Address  550 BRICKELL AVENUE, MIAMI, FL 33131				, SUITE 200			3	00052	275		
2. Principal Place of Business 801 Brickell Avenue			3. Mailing Address 801 Brickell Avenue			[6]   F111 E11					
Suite, Apt. #, etc. Suite #1100			Suite, Apt. #, etc. Suite #1100		04292005	Chg-LLC	CR2E08	3 (10/03)			
City & State Miami, FL		City & State Miami, FL		4. FEI Numb	er 20–27597	799		plied For t Applicable			
Zip <b>331</b> 3	Zip 33131 Country USA		<sup>Zip</sup> 33131	33131 Countr		5. Certificate	of Status Desired		55.00 Add ee Required		
		nd Address of Current R	egistered Agent			7. Name and	Address of New R	legistered A	gent		
PHILLIPS, GARY S					Name						
4000 HOLLYWOOD BLVD., SUITE 265 SOUTH HOLLYWOOD, FL 33021					Street Address (P.O. Box Number is Not Acceptable)						
	·										
					City		FL Zip Code				
	named entity so tions of registere		the purpose of changing its	registere	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE .	<u> </u>							DATE			
Signature, typed or printed name of registered agent a Filling Fee is \$50.00 Due by May 1, 2005			d title if applicable. (NOTE: Registered Agent signature require								
Fi De	iling Fee is : ue by May 1	\$50.00 1, 2005						e check pa a Departme		•	
9	iling Fee is : ue by May 1	\$50.00 1, 2005 MANAGING MEMBER	S/MANAGERS	10.				e check pa a Departme		3	
De	iling Fee is ue by May 1	MANAGING MEMBER	S/MANAGERS	10.			Florida	e check pa a Departme		Addition	
9. TITLE NAME	Manager Bernard	MANAGING MEMBER  To Fort	Delete	TITLE			Florida	e check pa a Departme	nt of State	<del></del>	
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9. TITLE NAME STREET ADDRESS	Manager Bernard 801 Bri Miami, Manager	MANAGING MEMBER  To Fort  Ckell Ave #1 FL 33131	Delete	TITLE NAME STREI CITY- TITLE NAME STREI	ET ADDRESS -ST-ZIP ET ADDRESS		Florida	e check pa a Departme	nt of State	<del></del>	
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I hereby certify that the information supplied with this filing does not qualify 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 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: \_\_

AME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/05

305 372-1812 Daytone Prone #