


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90046 025 \*\*\*\*50.00

<b>DOCUMENT # L04000047422</b>	
1. Entity Name <b>REAL ESTATE EQUITY PARTNERS FIVE, LLC</b>	

Principal Place of Business <b>4532 U.S. HIGHWAY 19 2ND FL NEW PORT RICKEY, FL 34652</b>	Mailing Address <b>4532 U.S. HIGHWAY 19 2ND FL NEW PORT RICKEY, FL 34652</b>
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2. Principal Place of Business <b>1324 SEVEN SPRINGS BLVD</b>	3. Mailing Address <b>1324 SEVEN SPRINGS BLVD</b>
Suite, Apt. #, etc. <b>#363</b>	Suite, Apt. #, etc. <b>#363</b>
City & State <b>NEW PORT RICKEY, FL</b>	City & State <b>NEW PORT RICKEY, FL</b>
Zip <b>34655</b>	Country <b>USA</b>

02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1295089</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>BUBLEY &amp; BUBLEY, P.A. 3820 NORTHDAL BOULEVARD STE. 312 TAMPA, FL 33624</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER DAVID SPEZZA 1324 SEVEN SPRINGS BLVD #363 NEW PORT RICKEY, FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DAVID SPEZZA**

**2-17-05 727-656-9867**