

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90320 049 \*\*\*\*50.00

**DOCUMENT # L04000056347**

1. Entity Name  
FIVE ON 30A L.L.C.



Principal Place of Business  
46 BOURNE LANE  
ROSEMARY BEACH, FL 32413

Mailing Address  
P.O. BOX 611555  
ROSEMARY BEACH, FL 32461

2. Principal Place of Business

3. Mailing Address

P.O. Box 611433

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Rosemary Beach, FL

Zip

Country

Zip

32461

Country

USA

02102005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-1495559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, RENE  
46 BOURNE LANE  
ROSEMARY BEACH, FL 32413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
MGR  
DANIEL, RENE  
P.O. BOX 611555  
ROSEMARY BEACH, FL 32461 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DUDLEY, BOB  
153 WEST KINGSTON ROAD  
ROSEMARY BEACH, FL 32413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MEYERS, JOHN  
3038 LORIDAN WAY  
ATLANTA, GA 30339 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DUGGAN, PAT  
P.O. BOX 611650  
ROSEMARY BEACH, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MARCUS, DAVID  
701 JABO DR.  
VILLEN, AL 35645 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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

(850)  
4/3/05 231-2103  
Date Daytime Phone #