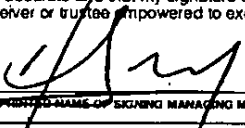


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90284 022 ****50.00

DOCUMENT # L04000068096 1. Entity Name MESQUITA FIVE, LLC					
Principal Place of Business 22672 PICKEREL CIRCLE BOCA RATON FL 33428 US			Mailing Address 22672 PICKEREL CIRCLE BOCA RATON FL 33428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2652034	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON FL 33428				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MESQUITA, MARIO		NAME		
STREET ADDRESS	22672 PICKEREL CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33428		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GARLINI, NATASHA		NAME		
STREET ADDRESS	22672 PICKEREL CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33428		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  4/4/05 (561) SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					