

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


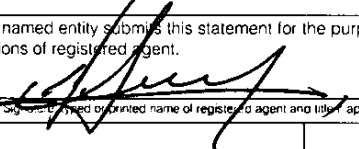
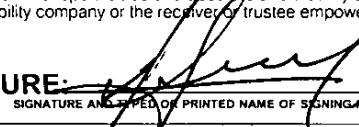
FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90013 012 ****50.00

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03022006 Chg-LLC CR2E083 (11/05)

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 23038 SANDALFOOT PLAZA Dr. Suite, Apt. #, etc		3. Mailing Address 23038 SANDALFOOT PLAZA Dr. Suite, Apt. #, etc	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33428	Country U.S.A.	Zip 33428	Country U.S.A.
4. FEI Number 20-2652034		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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) 21722 FAH RIVER Dr. City BOCA RATON FL Zip Code 33428	
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  MARIO MESQUITA 4-26-06 (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESQUITA, MARIO 21722 FAH RIVER Dr. BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLINI, NATASHA 22672 PICKEREL CIRCLE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLINI, NATASHA 21722 FAH RIVER Dr. BOCA RATON, FL 33428 <input checked="" 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 exemptions contained in Chapter 119, 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:  MARIO MESQUITA		4-26-06 (561) 305-4664	