

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083434

Entity Name: DAUGHTERS FIVE, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

13035 97TH ROAD
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

13035 97TH ROAD
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 59-3790281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

CALVITT, RICHARD W
13035 97TH ROAD
LIVE OAK, FL 320607012 US

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.

SIGNATURE: RICHARD W. CALVITT

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALVITT, RICHARD W
Address: 13035 97TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: MGRM () Delete
Name: WILLIAMS, CHADWICK W
Address: 13035 97TH ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: MGRM () Delete
Name: JONES, JEFFREY D
Address: 13035 97TH ROAD
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY D. JONES

MGRM

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date