

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000087545

1. Entity Name
OLD TOWNE, LOT 5, LLC



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

Mailing Address
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410



03272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 20-1958607 | 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

ADAMS, SANDRA L
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WACZAK, PAUL 2979 PGA BLVD PALM BEACH GARDENS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FAGO, ELIZABETH 2979 PGA BLVD PALM BEACH GARDENS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STIER, E JOSEPH 2979 PGA BLVD PALM BEACH GARDENS, FL 33410 |
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05/18/07-80107-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #