


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000090064</b> 1. Entity Name 5 GREAT GUYS, LLC	
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Principal Place of Business 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287	Mailing Address 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287
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01032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1215810	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  GERALD, POULIN C 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287
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**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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM POULIN, GERALD C 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM POULIN, BRIAN M 500 S.E. 7TH STREET #105 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM BERGHOFF, RON 5350 PINE SHADOW LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM PALUMBO, WILLIAM 5241 PINE SHADOW LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM HETHERINGTON, RAY 5241 PINE SHADOW LANE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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**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:** Ron Berghoff RON BERGHOFF 1-4-06 (941) 423-3083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #