


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90087 002 \*\*\*\*50.00

**20002699**



<b>DOCUMENT # L04000090064</b>			
1. Entity Name <b>5 GREAT GUYS, LLC</b>			
Principal Place of Business <b>5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287</b>		Mailing Address <b>5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287</b>	
2. Principal Place of Business - No P.O. Box # <b>5350 Pine Shadow Lane</b>		3. Mailing Address <b>5350 Pine Shadow Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NORTH PORT, FL</b>		City & State <b>NORTH PORT, FL</b>	
Zip <b>34287</b>	Country <b>USA</b>	Zip <b>34287</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>GERALD, POULIN C 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287</b>		7. Name and Address of New Registered Agent Name <b>RONALD E. BERGHOFF</b> Street Address (P.O. Box Number is Not Acceptable) <b>5350 PINE SHADOW LANE</b> City <b>NORTH PORT</b> FL Zip Code <b>34287</b>	
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 <u><i>Ronald E. Bergoff</i></u> <b>RONALD E. BERGHOFF</b> DATE <b>1-22-07</b> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POULIN, GERALD C 5681 WHISPERING OAKS DRIVE NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POULIN, BRIAN M 500 S.E. 7TH STREET #105 FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 NE 47th St.</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERGHOFF, RON 5350 PINE SHADOW LANE NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALUMBO, WILLIAM 5241 PINE SHADOW LANE NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HETHERINGTON, RAY 5241 PINE SHADOW LANE NORTH PORT, FL 34287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Ronald E. Bergoff</i></u> <b>RONALD E. BERGHOFF</b>		Date <b>1-22-2007</b> (941) 423-3083	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	