

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090372

FILED
Apr 10, 2007
Secretary of State

Entity Name: FANTASY INVESTMENTS V, LLC

Current Principal Place of Business:

831 SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

1590 US 1 SOUTH
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

831 SOUTH POCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

1590 US 1 SOUTH
ST. AUGUSTINE, FL 32084 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEBECK, KEVIN
1301 SOUTH FIRST STREET #702
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMPSON, KAREN C
Address: 831 SOUTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGR () Delete
Name: SIMPSON, SCOTT A
Address: 831 SOUTH PONCE DE LEON BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

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: KAREN SIMPSON

MGRM

04/10/2007

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