2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# L04000090372

Entity Name: FANTASY INVESTMENTS V, LLC

Current Principal Place of Business:

1590 US 1 SOUTH
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

1590 US 1 SOUTH
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

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: MGRM (X) Change ( ) Addition
Name: SIMPSON, KAREN C
Address: 1590 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGR (X) Change ( ) Addition
Name: SIMPSON, SCOTT A
Address: 1590 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/12/2009

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