

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90081 036 \*\*\*\*50.00

**20041565**



<b>DOCUMENT # L05000018200</b> 1. Entity Name <b>ALLEY CAT 5, LLC</b>					
Principal Place of Business <b>401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756</b>			Mailing Address <b>401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>451 Central Park Dr.</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Largo, FL</b> Zip <b>33771</b>		Country <b>US</b>	
Country		4. FEI Number <b>20-4762921</b>			
Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>LOVELACE, WILLIAM K 401 S. LINCOLN AVENUE CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIR REAL INVESTMENTS, LLC 401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>		<b>Sandra J. Lib, mgrm</b>		<b>1-23-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # <b>727-398-7473</b>	