


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<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>451 CENTRAL PARK DR. LARGO, FL 33771</b>
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-4762921</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>LOVELACE, WILLIAM K 401 S. LINCOLN AVENUE CLEARWATER, FL 33756</b>
--

<b>DO NOT WRITE IN THIS SPACE</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.

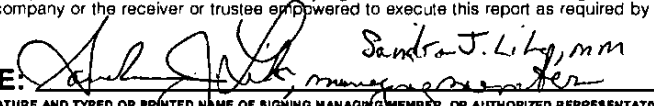
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SIR REAL INVESTMENTS, LLC 401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000723283 05/02/07-80065-018 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:**  **Sandra J. Lilly, mm** **4.19.07** **727 398-7473**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #