

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035149

Entity Name: PLANET FIVE USA, LLC

FILED
May 26, 2006
Secretary of State

Current Principal Place of Business:

9485 REGENCY SQUARE BOULEVARD STE 107
JACKSONVILLE, FL 32225

New Principal Place of Business:

9485 REGENCY SQUARE BOULEVARD
STE 107
JACKSONVILLE, FL 32225

Current Mailing Address:

9485 REGENCY SQUARE BOULEVARD STE 107
JACKSONVILLE, FL 32225

New Mailing Address:

9485 REGENCY SQUARE BOULEVARD
STE 107
JACKSONVILLE, FL 32225

FEI Number: 20-2953737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOROWITZ, JON
9485 REGENCY SQUARE BOULEVARD STE 107
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

HOROWITZ, JON
9485 REGENCY SQUARE BOULEVARD
STE 107
JACKSONVILLE, FL 32225 US

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: JON HOROWITZ

05/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROHAN, PAUL
Address: 7311 REMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: MGRM () Delete
Name: MALKA, MICHAEL
Address: 91 EAST LINDEN AVENUE
City-St-Zip: ENGLEWOOD, NJ 07631

Title: MGRM () Delete
Name: ABRAHAMS, GARY
Address: 131 REGATTA BOULEVARD
City-St-Zip: JUPITER, FL 33477

Title: MGRM () Delete
Name: LAUBACH, GREGORY L
Address: 1378 KERSEY LANE
City-St-Zip: ROCKVILLE, MD 20854

Title: MGRM () Delete
Name: HOROWITZ, JON D
Address: 354 WINTHROP ROAD
City-St-Zip: TEANECK, NJ 07666

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROHAN, PAUL
Address: 7311 RAMOTH DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL ROHAN

MGRM

05/26/2006

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