

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060006

Entity Name: PLUS 5 VENTURES, LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

5151 COLLINS AVENUE  
927  
MIAMI BEACH, FL 33140 US

## Current Mailing Address:

5151 COLLINS AVENUE  
927  
MIAMI BEACH, FL 33140 US

## New Principal Place of Business:

1150 NW 72ND AVENUE  
520  
MIAMI, FL 33126 US

## New Mailing Address:

1150 NW 72ND AVENUE  
520  
MIAMI, FL 33126 US

FEI Number: 20-4020787      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:

TOPF, NEAL  
5151 COLLINS AVENUE  
927  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

TOPF, NEAL  
1150 NW 72ND AVENUE  
520  
MIAMI, FL 33126 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:

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOPF, NEAL  
Address: 5151 COLLINS AVENUE SUITE 927  
City-St-Zip: MIAMI BEACH, FL 3140 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TOPF, NEAL  
Address: 1150 NW 72ND AVENUE SUITE 520  
City-St-Zip: MIAMI, FL 33126 US

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: NEAL TOPF

MGMR

05/01/2006

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