## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Jan 31, 2007 08:00 AM **DOCUMENT # L05000060758 Secretary of State** 1. Entity Name FIVE THIRTY, LLC Principal Place of Business Mailing Address 530 HIGHWAY 98 P.O. BOX 5436 DESTIN, FL 32540 DESTIN, FL 32540 01232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0321501 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABADIE, MAIKE DO NOT WRITE **530 HIGHWAY 98** DESTIN, FL 32540 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) *1100000*614300 Filing Fee is \$50.00 Due by May 1, 2007 02/06/07-80020-016 50.nn MANAGING MEMBERS/MANAGERS 9, MGRM ABADIE, MIKE NAME 530 HIGHWAY 98 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32540 BBE NAME STRLET ADDRESS CXTY-ST-ZP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS COY-ST-ZP DDE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 approvered to execute this report as required by Chapter 608, Florida Statutes. 250-650-4400 24-07 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SKOWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7/P