

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060758

1. Entity Name
FIVE THIRTY, LLC



FILED
Feb 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
530 HIGHWAY 98
DESTIN, FL 32540

Mailing Address
P.O. BOX 5436
DESTIN, FL 32540



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
30-0321501

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

ABADIE, MAIKE
530 HIGHWAY 98
DESTIN, FL 32540

(Abadie, Mike)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|------------------|--------|
| TITLE | MGRM | Delete |
| NAME | ABADIE, MIKE | |
| STREET ADDRESS | 530 HIGHWAY 98 | |
| CITY-ST-ZIP | DESTIN, FL 32540 | |
| TITLE | | Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10.

ADDITIONS/CHANGES

| | | |
|----------------|--------|----------|
| TITLE | Change | Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Change | Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Change | Addition |
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| TITLE | Change | Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Change | Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mike Abadie

Mike Abadie

2-11-08

850-650-4400